The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.

Editor and Business Manager:
ETHEL JOHNS, Reg. N., Suite 401, 1411 Crescent Street, Montreal, P.Q.

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The Canadian Nurse

A Monthly Journal for the Nurses of Canada
Published by the Canadian Nurses Association

VOL. XXX MONTREAL, QUE., SEPTEMBER, 1934 No. 9

TOWARDS ACTION

JEAN I. GUNN, Superintendent of Nurses, The Toronto General Hospital

For many years the need for constructive thinking and a definite planning of nursing service has been acutely realized by the nurses of Canada and careful thought has already been given by the Canadian Nurses Association and by the Provincial Associations of Nurses in the nine provinces of Canada. Many plans have been discussed but always there seem to be insurmountable barriers over which no nursing organization has as yet found a way.

The point at which the most pressing need is presented is the economic side of nursing, involving both the nursing profession and the public. On one hand we have large numbers of nurses unemployed or employed so fitfully that it is not possible to earn an income which is adequate for self-support. On the other hand we have increasingly large numbers of people in need of nursing service and unable to pay for this service. This is the problem for which the nursing profession must seek a solution.

Placing Responsibility

This question has usually been considered as a definite problem of the private duty nurses. This passing over of the problem to the members of the profession engaged in private nursing is unfair as it is the concern of all nurses. We should keep in mind the fact that while many nurses choose private duty as the type of work they wish to do, many enter this field through lack of opportunity of employment in other fields. The reduction in staff of all types of nursing service means an increase in the number entering private nursing. During the years the other branches of nursing service have passed their problems of unemployment over quite unconcernedly to the private duty group. It is no wonder that we find practically all the problems of unemployment focused in the private duty group since its members must of necessity accept, without protest, the unemployment problems of all the other branches of nursing service. This problem should be considered the concern of all nurses and the solution must be sought by the organized profession of nursing.

Demand and Supply

Have we too many nurses in Canada? Are the schools of nursing graduating more nurses annually than can find employment? The answer to these questions is contradictory. If we consider nursing service as at present organized, the answer is emphatically *yes*. If we consider nursing service as it could and should be organized, serving all the citizens of Canada, wherever located, the answer is just as emphatically *no*. The Committee on the Cost of Medical Care in the United States, organized in 1927 and completing the five-year programme of research and study in 1932, stated for the United States: "The supply of graduate nurses

(An address delivered at the Biennial Meeting of the Canadian Nurses Association, June 29, 1934, in Toronto)

greatly exceeds the actual, though not the potential, demand for their services." To the question of the potential need for nursing service in Canada the answer is given in very definite figures. According to the census of 1931 the population of Canada was approximately 10,415,000, which when compared with the area of the country — 2,190,000 square miles — averages five persons to every square mile of territory. In 1931 there were 16,072 annually registered nurses in the nine provinces of Canada, averaging one registered nurse for every 647 of the population or one registered nurse for every 130 square miles. If the nurses were distributed according to population and serving all areas the problem of unemployment would cease to exist.

Distribution

Considering the question in the light of existing conditions throughout Canada, there are undoubtedly too many nurses seeking employment in certain restricted areas. In the *Survey of Nursing Education in Canada* the density map of the distribution of registered nurses shows that the largest number of nurses is found in practically three areas: the Western Coast cities, the cities of southern Ontario, and the south-western part of Quebec. In the remaining provinces the nurses are located very largely in the larger cities. The map shows in all provinces vast areas in which practically no registered nurses are located.

Why This Faulty Distribution?

Why do the nurses congregate in these comparatively few cities and towns? Is it because they do not want to work in any other area? Are they unwilling to do pioneer work in outlying districts? Have the nurses lost the spirit of service on which their profession is based? To all these questions the answer, on behalf of the average nurse, is in the negative. The reason is the complete lack of any kind of organization that would make it possible for the nurse to earn a livelihood in these districts. Naturally the nurse settles in those areas where some type of organization makes it possible for her to work. She finds this organization in the cities and larger towns where the nurses themselves have organized registries for the distribution of nurses to meet the nursing needs of that individual community.

This individual and isolated method of organization is one modification of the present system which might be introduced, not only in relation to the services of the registered nurse, but the service of all those who nurse the sick for hire. The present system not only restricts the service of the registry to one locality, but also to one type of worker only: the registered nurse. Several registries have even limited membership to nurses who graduate from the schools of nurses located in the area the registry serves. The restricting to one locality is so extreme that districts twenty or thirty miles apart are entirely different in organization and regulations. This isolation of one district from another is increasing as the years pass and the circle grows smaller and smaller.

Economic Aspects

What should be the ultimate solution, and what steps could be taken toward that end? Eventually there should be established provincial control of all nursing service through which the nurses would serve in all areas in proportion to the needs of the community and would be assured an income sufficient to ensure them a proper living. It has been proved beyond question that the average citizen cannot meet the cost of medical and nursing care. The Committee on the Cost of Medical Care in the United States gave as one of its findings the following statement: "The nursing needs of the community are far from being met because under existing economic conditions the large majority of its members cannot afford to pay for the nursing service they require." For this reason the solution must be along economic lines.

Health Insurance

While a better distribution of nursing would increase the possibility of employment it would not in any way increase the ability of the average citizen to pay for nursing service. The most practical solution would seem to be some type of organization by which the citizen could contribute regularly toward the expense of any medical and nursing service he or his family might require. This would necessitate some form of legislation along the line of health insurance. This can only be brought into effect by the different Provincial Governments and should receive very serious consideration by the citizens of each province. The urgent need of employment for nurses is important, but is not as vital as the need for nursing service to all citizens, regardless of their ability to pay or their place of residence. The medical profession has taken much more active interest in the study of health insurance than the nursing profession has taken. In many of the provinces the medical profession has had committees at work to co-operate with the Provincial Government in seeking the best solution to this problem. The Canadian Medical Association has made a special study of health insurance, the findings of which were presented at the recent meeting of that organization. Nurses cannot expect to reap the benefits of health insurance, as related to employment, unless active assistance is given in bringing such a scheme into operation. The place of the nurse in any health insurance legislation should be largely determined by the organized nursing profession.

Varieties of Nursing Service

Under any new policy or new type of organization the patient should be able to secure the type of nursing service required, both from the standpoint of the hours of service and the type of nurse. The patient who at the present time employs a nurse for private duty has, of necessity, to employ the nurse for the number of hours outlined as a working day by the registry of which the nurse is a member. The patient may need the nurse for only a part of that time and, therefore, he must pay her for time when she is not really employed in nursing service. The type of nurse the patient wishes to have presents another problem to the patient, to the doctor and to the nursing profession as well. While it has been decided on many occasions that there is a real need in the community for the practical nurse no constructive plans have been made by which her services are made easily available. She is found in most communities, a free lance person, calling herself a nurse. She is not required to have any training; she takes no examinations; she nurses all types of patients without any supervision; she charges any fee she thinks the patient will pay. This free lance so-called nurse has been left severely alone by the professional nurses' registries and no effort has been made to see that she takes her proper place in the plan for nursing service of the community. The time is long past due when some definite action should be taken by the nursing profession. Legislation should be secured that would license to practice all nurses, registered and non-registered, who nurse the sick for hire.

Reorganization of Registries

In addition to licensing all who nurse the sick as a means of livelihood, all professional nurses' registries should be reorganized to include all types of nurses. It should be emphasized that the nurses' registries could take action along this line at any time. The licensing would mean legislation and would, of necessity, be slower in coming into effect. This action on the part of the registries would greatly facilitate the licensing of practical nurses when the necessary legislation is secured. Very little progress will be made until the professional nurses' registries consider the question from the standpoint of the nursing needs of the community and not, as at present, only from the standpoint of

securing employment for the registered nurse who is fortunate enough to be included in its membership.

While the nurses' registry is under discussion there is still another point which needs emphasis. In the beginning of this discussion it was stated that the economic problem was one for all nurses and not solely for the private duty group. The solution must, therefore, be sought by all nurses working as one unit. This can never be effected under the existing regulations of the majority of nurses' registries. The governing council of all registries should include nurses from the different branches of nursing if the responsibility of reorganization is to be shared by all. This is not meant to deprive the nurses doing private duty of the privilege of directing their own affairs. To a large extent this could continue by the broader policies of service which involve the welfare of the community and should not be limited, as at present, to the consideration of any one group of nurses.

Are There Too Many Nurses?

So far the potential demand for nursing service has been the basis of this discussion. Could we consider for a short time the actual demands at present? Have we too many nurses in Canada to meet the present needs? Are the schools of nursing graduating too many nurses annuaally? Is any effort being made to reduce the supply of nurses? In order to report accurately on existing conditions, information was secured from the nine provinces which may be of interest. In Canada since the beginning of registration of nurses 38,989 nurses have registered. There has been an increasing number registered annually. In 1930, 14,986 nurses registered in the nine provinces; in 1931, 16,072; in 1932, 16,977; in 1933, 17,994. While the *annual* registration has steadily increased the number of nurses *registering for the first time* shows a very slight increase. In 1930, 2,760 nurses registered for their initial registration; in 1931, 2,808; in 1932, 2,708; in 1933, 2,583. The actual decrease since 1930 is 177 nurses and this decrease is distributed over most of the provinces. From these figures it will be seen that there is practically no change in the number of nurses being graduated annually.

During the same period 40 schools of nursing have been discontinued, eight in British Columbia, three in Alberta, one in Saskatchewan, 29 in Ontario, three in Quebec and two in Nova Scotia. Two schools have been organized, one in Ontario and one in Manitoba. The actual reduction since 1930 is 44 schools of nursing. Unfortunately this reduction does not materially affect the number of nurses graduating as these schools had a small enrolment of nurses and a small annual output of graduates. This is, of course, a distinct advantage to nursing education as the hospitals were small and lacking in clinical material.

Restriction of Output

I would like to quote from an editorial in the *Nursing Times*, the official organ of the College of Nursing in London, England:

> After all, an estimate of the public's needs is one thing, and it is vital that we search for ways of satisfying these needs. But unless such ways are found it is not very good policy to say, "Here is a splendid army of nurses. All you have to do is to come forward and pay for them!" The situation is surely analogous to the over supply of cotton and coffee among primary producers. We know that it seems terrible to plough in thousands of acres of plantations and to burn tons of coffee when people are going unclothed and unfed, but until the problem of distribution is solved have the growers any alternative? Should they go on producing cotton and coffee and trust that by next year all will be well again? Should we go on producing nurses in the hope that in a year or two schemes of insurance, a humanitarian Ministry of Health and a complete return to prosperity will have solved the problem? The speakers at our conference gave us an uneasy feeling that we might find the coffee berry, the cotton seed and the probationer, all three in the same boat.

We cannot afford to continue to add large numbers of nurses annually in the

hope that all will be well in a year or two. The policy of establishing a definite ratio of student nurses enrolled and graduate nurses employed by all hospitals conducting schools of nursing has been approved by the Canadian Nurses Association at the Biennial Meeting in 1932, but apparently little progress has been made in this respect. The intiative will have to be taken by the Provincial Nurses Associations since all control of nursing education and hospital service is vested in the Provincial Governments. The enforcing of such a policy would have a two-fold effect: the reduction in the number of nurses graduated and an increase in the employment of graduate nurses.

Shortening Hours and Spreading Work

In many branches of industry the solution to the unemployment problem is tending toward shorter hours for the workers. This solution is not so much because the present working day in industry is too long, but from the standpoint of spreading the work over a larger number of employees, thus giving to an increased number a means of livelihood. There will be, undoubtedly, an increase in the cost of labor which will have to be met in some way. For the last twenty years the shorter working day for nurses has been discussed but very little progress has been made in changing existing conditions. Could the solution of shorter hours also be applied to nursing? This would help the economic situation and at the same time bring into effect proper working conditions, the establishment of which has been too long delayed. As in industry, such a change will be more costly from a financial standpoint. At present the cost is being paid to a large extent by the sacrifice of health and physical fitness, and by a decided lack of leisure time in which to seek recreation and rest.

Some Experiments

In considering the modifications that might be advisable or possible an effort was made to ascertain what changes, if any, had been made in the different provinces. Six provinces have been experimenting with an eight-hour day for nurses doing private duty nursing, the nurse's fee being considerably reduced. It was thought that this measure would increase the employment of nurses. However, no province has as yet pronounced this change a success. The nurses have not had any more employment and their earnings have been considerably reduced. Some provinces report that no use had been made of this special service by the medical profession or by the public.

The same report is given by those provinces in which hourly nursing is being offered by the nursing registries. Very little, if any, progress has been made in the establishment of an hourly nursing system under the present type of organization. In connection with this lack of success in these attempts to give the public the opportunity of having the length of nursing service they require, I would like to quote from a letter received from one of the provinces: "Early in 1933 the eight-hour day and the hourly nursing service were added to the schedule of duties. These, however, have not met with the success we would desire as yet, due partly I believe to lack of publicity, and to a large extent to the selfishness, lack of knowledge and understanding of the private duty nurses themselves. They hesitate to recommend a service which may cut their daily income." And to quote from the reply sent by another province, "Due to the fact that private duty nurses have been free-lancing and working without supervision for so long their own attitude seems to be an obstacle in bringing about changes that seem almost necessary." From still another province, "Our greatest difficulty is indifference. No one seems to be able to present our need forcefully enough to make an impression. No one is interested enough outside the private duty nurses and they are too timid to take a stand. I think we could help ourselves very much if we had determination and would hold together."

I am quoting from these letters as they come from the private duty groups in the different provinces and indicate that the leaders of this group throughout Canada have been doing some constructive thinking.

Things That Might Be Done

What is the solution for private duty nursing in the future? The solution toward which we should aim is to make it possible for the majority of nurses to be employed on the basis of a monthly salary, such salary to compare favorably with the salaries paid in other branches of nursing. This change would also make available to the public the services of these nurses at a lower cost. The nurse who wishes to be a free lance could continue, but the professional registries would not limit their activities to securing her employment as is done under the present system. All great changes have small beginnings and this principle could be experimented with quite easily by the larger professional registries. Some initiative must be taken and experiment made if any change is to be effected. The registry, assisted by the other nursing groups in the community, could make such an experiment by employing a small group of nurses on a monthly salary and the earnings of this group would be used by the registry to finance the undertaking. A trial of one year would indicate the practicability of the scheme from the standpoint of the financial success and the response from the medical profession and the public. The chief responsibility that the registry would have to assume would be the possible deficit which might occur. This deficit should prove a challenge to all nursing groups and could be met if the undertaking were supported by all nurses in the community.

This service could and should be limited to nursing in private homes, a field of nursing which, at the present time, is practically untouched by the private duty nurse. In the city of Toronto in the past year the professional nurses' registry had a total of 11,973 requests for nurses of which 90.17% came directly from hospitals for nurses for special nursing duty. Of the remaining 9.83% sent to private houses a certain number took the patients into hospital so that the number of calls for private duty in homes in the city of Toronto is less than 9.83% of the total requests received for nursing service. This cannot possibly represent the number of patients being nursed at home and demonstrates very definitely the need for careful study and the development of this field of nursing. Such an experiment would not materially affect present unemployment but no scheme will ever be found which will at once employ all unemployed nurses. It would be a valuable experiment in any community and would be a step toward finding some means of bridging the gap between the patient who needs nursing service and cannot afford to pay for it and the unemployed and needy nurse.

Summary

In summing up this discussion I would like to enumerate briefly the modifications in nursing service toward which we as a professional organization for nurses should aim:

1. Legislation which will require all those who nurse the sick for hire to be licensed to practice.

2. Reorganization of existing professional nurses' registries:

   (a) To include in the governing board representatives from all branches of nursing.

   (b) To change the registry from a registry for the securing of employment for registered nurses to a Nursing Service Bureau on which the medical profession and the public could depend for all types of nursing service.

   (c) To find a way of directing and supervising the work of the practical nurse.

   (d) To seek closer co-operation with other nurses' registries in an effort to overcome the present isolation of the individual registry and to work definitely toward some type of provincial control of nursing service.

3. To study the means by which a better distribution of nurses may be effected and a

development of nursing service in areas not at present being served.

4. To advocate and to influence in any way possible the passing of legislation for health insurance in the different provinces, and to see that any scheme for health insurance includes nursing as well as medical service.

5. To take steps to materially reduce the number of nurses graduated annually.

6. To endeavour to secure shorter hours of duty for nurses.

7. To encourage and promote experiments in different localities in an effort to solve some of the economic problems of the nursing profession and the unfilled nursing needs of our Canadian people.

In closing may I stress once more the need for united action in solving the many difficulties facing our profession today? May I repeat that sentence quoted earlier in this discussion and coming from one of the provincial groups of private duty nurses, "I think we could help ourselves very much if we had determination and would hold together." That is the challenge and I leave it with you.

SIXTY YEARS YOUNG

The month of June in the year 1934 will be remembered as an important milestone in the history of nursing in Canada. Within the space of two weeks the Canadian Nurses Association celebrated its twenty-fifth anniversary and the first School of Nursing in Canada rounded out its first sixty years of vigorous life. The Mack Training School of Nurses associated with St. Catharine's General Hospital, St. Catharines, Ontario, is in the direct line of the Nightingale succession and its history has been outlined in an excellent illustrated pamphlet compiled by Miss Helen Brown, instructor of nurses. The booklet also gives the full text of the first Annual Report of the school, its financial statement and the "by-laws" which governed the nurses. In the preamble, the aim of the school is described thus: *Every possible opportunity is seized to impart instruction of a practical nature in the art of nursing, while teachings will be given in Chemistry, Sanitary Science, Popular Physiology and Anatomy, Hygiene and all such branches of the healing art as a nurse ought to be familiarized with.* Canadian nurses now engaged in the formulation of educational programmes for schools of nursing might well ponder over this succinct statement made sixty years ago by Dr. Theophilus Mack, the founder of the school which bears his name.

Nor does Dr. Mack belong to a remote past. One of his nieces, Mrs. D. M. Muir, not only assisted in the preparation of Miss Brown's pamphlet but also presented a huge birthday cake, decorated with sixty candles, which was cut by her sister, Mrs. Hubert Watt. Furthermore, the happiest feature of the whole occasion was the presence of one of Dr. Mack's own medical colleagues, Dr. Frederick S. Greenwood, who shared in the struggles and triumphs of those early days. In a previous issue* will be found the familiar photograph taken in 1878 showing Dr. Mack and Dr. Greenwood surrounded by a group of staff and student nurses. In the charming photograph which we now present, Dr. Greenwood, looking very little older, is shown congratulating a member of the graduating class of 1934. He

DR. AND MRS. GREENWOOD GREET A MEMBER OF THE CLASS OF 1934

is accompanied by his wife, who shares her husband's many interests and herself takes an active part in public life.

The celebrations extended over three days and are described at length in the News Notes

MRS. WHITE, MRS. DOWLER AND MRS. RYCKERT

section of the *Journal*. On June 20 the members of the Alumnae Association were hostesses at a dinner presided over by Miss Anne Wright, superintendent of nurses, when all the former superintendents of nurses since 1889, including Mrs. Thomas Dowler (Miss Hollingworth), Miss Anne Hutchison, Miss Lillian Wren and Miss Harriet Meiklejohn, were among the guests of honour. Mrs. Dowler is the central figure in the accompanying photograph. Miss Annie Barr, a member of the class of 1889, although she did not speak in public, gave the younger generation some amusing reminiscences of her training days. About the only part of the residence which she remembered was an old wooden bannister which has survived the many structural changes. "I came in one day," said Miss Barr, "and found a big, good-looking stranger sliding down that bannister just as a child would. 'That girl will never make a nurse,' said I, but she did—and a good one. Later on she went to New York and scrubbed for Dr. Bull and Dr. MacBurney." Mrs. Charles Beattie, a daughter of Ann Carline (look again at the photograph taken in 1878) accompanied by *her* daughter were also welcome guests. Mrs. Beattie brought her mother's diploma, done in India ink embellished with a picture of the hospital and a Red Cross design, together with a symbol of the motto of the school, a lighted candle in a bracket, which showed a tiny figure with its finger to its lips.

On June 21 the principal event of the day was the graduation ceremony when the importance of the occasion was marked by the presence of the Lieutenant-Governor of Ontario and Mrs. Bruce. His Honour, who is himself a physician, in the course of a fine address, gave high praise to the work of Miss Anne Wright, the present superintendent of nurses. Miss Florence H. M. Emory brought the greetings and good wishes of the Canadian Nurses Association of which she was, at that time, the president. On June 22 the Board of Governors of the Hospital gave a delightful garden party which was largely attended by many friends of the hospital and school. And so the happy occasion came to an end, as all things must — *but the School goes on.*

(*See *The Canadian Nurse*, March, 1934, p. 107.)

NIGHTINGALE MEMORIAL FOUNDATION

Further donations received

Lethbridge Graduate Nurses Association	$10.00
A.A., Public General Hospital, Chatham, Ont.	10.00
A.A., Owen Sound General and Marine Hospital	10.00
A.A., Ottawa Civic Hospital	10.00
A.A., Grace Hospital, Walkerville, Ont.	10.00
A.A., Orillia General and Orillia Soldiers' Memorial Hospital	5.00
Connaught Training School, Weston, Ont. (four years' donation)	20.00
Overseas Nursing Sisters Association, Windsor, Ont.	3.00
Student Government, Royal Victoria Hospital, Montreal	15.00

Correction: In the June issue a donation of $10.00 was credited to the Kootenay Lake General Hospital. This should have read: Nelson Graduate Nurses Association: $10.00.

GRACE M. FAIRLEY,

Convener of the Florence Nightingale Memorial Committee, Canadian Nurses Association.

IMPRESSIONS SUR LE CONGRES BIENNAL

CAROLINE V. BARRETT, G.M.E., Présidente et déléguée officielle de l'Association des Gardes-Malades enregistrées de la Province de Québec.

Le Congrès biennal de l'Association des Gardes-Malades du Canada qui s'est tenu récemment à Toronto a marqué le vingt-cinquième anniversaire de notre association nationale et a été couronné du plus grand succès. Les membres ont vivement regretté que la vénérable fondatrice, Mary Agnes Snively, ne fut pas là pour recueillir les hommages et les palmes d'honneur de l'Association qu'elle a vu naître.

Notre Association a coiffé Sainte-Catherine: les plaisirs de l'adolescence ont fait place à la vie sérieuse; la sagesse et le courage sont désormais ses guides comme on nous l'a clairement démontré au cours des délibérations sérieuses du Congrès et des sages directives qui s'en sont dégagées. Le cri de raillement a été: "Gardes-malades du Canada, que pouvons-nous faire pour mieux servir le public?" Les points suivants ont été soulignés comme étant très essentiels tant au bien-être de la profession qu'à celui de la population:

1. L'importance de diminuer le nombre de gardes-malades que forment nos hôpitaux chaque année.
2. L'obligation qui s'impose de n'accepter dans nos écoles que des sujets dignes de devenir des gardes-malades.
3. Le devoir des écoles de donner un enseignement tant pratique que théorique en maladies mentales et en service social, ajouté à celui que l'on donne déjà dans les quatre matières fondamentales que sont: la chirurgie, la médecine, l'obstétrique et la pédiatrie.

Les gardes-malades hygiénistes déplorent le fait que les écoles de gardes-malades forment leur élèves exclusivement en vue du soin des malades hospitalisés et ne leur donnent pas ou que peu d'expérience dans le soin des malades à domicile. La prévention de la maladie n'est pas non plus suffisamment enseignée.

Des discours brillants ont illustré le Congrès et pour n'em mentionner que quelques-uns, je mentionnerai l'allocution de la présidente, Mlle Florence H. M. Emory, présentée de façon si vivante sous le titre de: "Hier et demain," nous faisant envisager toutes les difficultés de l'heure présente tout en nous laissant entrevoir la "terre promise." Mlle Jean S. Wilson, secrétaire exécutive de l'Association, nous a décrit de la manière la plus intéressante l'histoire du quart de siècle qui vient de s'écouler et qui couronne cette année notre Association. Mlle Johns, rédactrice du *Canadian Nurse* avertit sérieusement tous les membres de la profession que le temps de l'inaction est fini et que, désormais, il faut agir énergiquement. M. le professeur Robert Wallace de l'Université d'Alberta a courageusement exposé les principaux problèmes que la profession à envisager et les solutions possibles à y apporter.

Il y a eu aussi de vives discussions et si nos jeunes ont été parfois radicales dans leurs demandes, les doyennes de la profession, avec leur sagesse habituelle et expérimentée, étaient là pour mettre au besoin de l'eau dans le vin. Les rapports des différentes provinces furent présenté de façon très intéressante et comme ceux des différentes sections et des nombreux Comités, ils ont démontré clairement le travail accompli et ce qu'il reste encore à faire pour arriver au but. Le rapport présenté par Mlle Lindeburgh ne nous a donné qu'un faible aperçu de la tâche gigantesque que cette dernière a entreprise si courageusement.

Toronto nous a reçues royalement; déjeuners, diners et banquets puis réceptions de toutes sortes se sont succédés et nous avons en plus été favorisées d'une température idéale. Je voudrais posséder une plume d'écrivain pour décrire avec justice la merveille qu'a été la pageant et exprimer les émotions éprouvées par tous ceux qui ont contemplé cette mise en scène parfaite. C'est en effet à travers les larmes que nous avons vu se dérouler les différentes phases de la profession de garde-malades depuis la fondation de

notre pays. Le pageant comprenait vingt-deux scènes entrecoupés par d'agréables programmes de musique, de chant et de récitation.

La première scène représentait l'arrivée des religieuses hospitalières à Québec, en 1639. Ces nobles femmes quittèrent leur belle France pour venir en terre inconnue soulager la détresse des colons et des sauvages de la Nouvelle France; nous avons envers ces pionnières une dette d'éternelle reconnaissance. Le deuxième tableau nous a fait voir Jeanne Mance, cette héroïne qui vint au pays en 1642 pour fonder l'Hôtel-Dieu de Montréal, Jeanne Mance restera toujours l'idéal de la garde-malade laïque.

A travers toutes ces scènes, la Patience, sous forme d'une déesse apparaissait, tantôt pour conquérir la paresse, tantôt pour se rendre victorieuse de l'ignorance, de l'indolence, de la malpropreté, autant d'obstacles dont elle a su triompher; cette vertu est une arme puissante dont nous avons grandement besoin de nos jours pour soutenir victorieusement la lutte contre la crise qui menace actuellement notre profession et contre tous les maux qu'elle entraîne avec elle.

Le compte rendu du Congrès sera donné en détail dans la revue et il n'y a aucun doute que les résolutions adoptées seront lues avec beaucoup d'intérêt. Plus de neuf cents membres se sont inscrits au Congrès et on a constaté avec plaisir la présence d'un grand nombre de religieuses dont la plupart étaient de langue française; plusieurs d'entre elles ont pris part aux discussions.

La rédactrice du *Canadian Nurse*, avec la permission de son Bureau de Régie, a bien voulu insérer un article en français dans sa revue, ce qu'elle a l'intention de faire de temps en temps. Le geste est gracieux et sera, je n'en doute pas, apprécié à sa juste valeur.

Le Congrès a donc eu pour objet de nous faire voir clairement que beaucoup de travail a été accompli durant les vingt-cinq années qui viennent de s'écouler et de nous démontrer non moins clairement tout ce qu'il reste à faire avant d'arriver au but. Que nous importe que le chemin soit rude et le ciel nuageux; ne sommes-nous pas filles de pionniers et n'avons nous-pas hérité du courage de nos ancêtres? Imitons ces vaillantes femmes qui nous ont si bien montré le chemin du devoir.

AN INFORMAL TRANSLATION

In her charmingly written article Miss Barrett has not attempted an official report of the proceedings but has touched only upon the salient features of that eventful week in Toronto. She refers to the emphasis placed upon the necessity of reducing the output of graduates from schools of nursing and of the importance of the careful selection of students and mentions the desirability of including the elements of public health and of mental hygiene in the basic course.

Miss Barrett makes reference to the many excellent addresses, and speaks appreciatively of the report of the national committee on curriculum prepared by Miss Marion Lindeburgh and of the reports presented by the various provinces, which, by the way, will be found in this issue of the *Journal*. She describes the Pageant with deep feeling and mentions its overwhelming emotional impact, particularly upon the reverend Sisters belonging to the religious Orders in whose ranks were found the pioneer nurses of Canada.—*Editor.*

SCHOLAR AND TEACHER

Owing to ill-health Miss Bertha Harmer has been obliged to relinquish the direction of the School for Graduate Nurses of McGill University. For the past two years she has carried on under exceptionally difficult circumstances, but her medical advisers now insist that she must have complete freedom from professional responsibilities in order that her health may be thoroughly re-established. Miss Harmer's accomplishment is already most outstanding. She is a graduate of the School of Nursing of the Toronto General Hospital and holds the degree of B.Sc. and A.M. conferred by Columbia University. She has served as head nurse in almost every department of nursing service and was instructor and supervisor in her own hospital, in St. Luke's Hospital, New York, and during the war, at the Vassar Training Camp. Miss Harmer was closely associated with the development of the Yale University School of Nursing in the dual capacity of assistant professor and first assistant in administration in the New Haven Hospital and in 1929 returned to Canada as director of the McGill School for Graduate Nurses and guided its development, especially during the critical phase caused by the financial depression, with courage and wisdom. Miss Harmer is internationally known as the author of her textbook, *Principles and Practice of Nursing*, and the quality of her mind is reflected in this able and authoritative treatise. She has a native capacity for research and a firm grasp of the practical and technical aspects of nursing: such a combination is unusual and accounts for the sterling value of this nursing classic. Nursing, as an art, a science, a vocation is her chief pre-occupation but she has many other interests. She is widely read, loves travel and has a most discriminating taste in art. With returning health her untiring energy will re-assert itself and we may confidently look forward to her continued activity in the nursing world.

MISS BERTHA HARMER

The inside back cover is interesting . . . Don't fail to read it.

NATIONAL ENROLMENT

The *Journal* has already served notice upon its readers that something has got to be done about national enrolment for service in war or disaster. Just by way of refreshing your memory about one of our conspicuous failures as a professional group, look up our August issue, page 380, and read the report of the Committee on National Enrolment. A curious aspect of the situation is that, if war or other disaster were to come tomorrow, nurses would be much incensed if the civil and military authorities failed to enlist their services. But that is exactly what would happen. Why? Because, so far, we have not responded as we should to repeated invitations to enrol. We can not be called unless the authorities know where to find us.

At the Biennial Meeting in Toronto there were some social events which were almost as important as our regular sessions. One of these was the luncheon given under the auspices of the Canadian Red Cross Society in honour of the British guests of the Canadian Nurses Association, Mrs. E. MacGregor Rome, Mrs. Christian Fenwick, Miss M. S. Cochrane and Miss Daisy Bridges, who all gave brief and informal addresses concerning the rôle played by the Red Cross in Britain during the war, particularly with respect to the organization of the nursing service given by the Voluntary Aid Detachment. It was apparent that all four speakers took for granted the necessity for the national enrolment of professional nurses. Each in her own way paid a tribute to the contribution made by the Red Cross Society to nursing. Mrs. Rome referred to the value of the Junior Red Cross and its training for citizenship as an excellent preparation for subsequent formal training as a professional nurse. She also mentioned the far-reaching effect of the generous policy of the Red Cross toward the university courses in nursing which have been made possible in Canada and in several other countries by means of its moral and financial support. Miss Bridges expressed her personal gratitude because the Red Cross "gave me my profession"—for she, like so many others, began her professional career as a V.A.D.

The National Commissioner of the Red Cross Society, Dr. J. L. Biggar, who had previously addressed the General Meeting, said that the Society is keenly aware of its debt to nursing and only asks that the bond between the Society and nurses be strengthened. And the way to do that is to carry on a co-ordinated campaign for enrolment.

Two reasons for the present unsatisfactory state of affairs were heard frequently in informal conversation. The first was: "The younger generation of nurses do not understand what would happen if war broke out suddenly and therefore they are not interested." We suggest that it is the function of the nurses who were engaged in military nursing service to educate the coming generation. Once the younger nurses do understand there will be no doubt about their response. The second reason was: "Canada has had few disasters and if one were to occur the Americans would help us as they did in Halifax." Quite true, but this hardly seems to fit in with our conception of Canadians as a rather independent people who are prepared to stand on their own feet without asking help from our good neighbours until our own resources have first been drawn upon. Let us get on with the job.

The inside back cover is interesting . . . Don't fail to read it.

THE EDITOR'S DESK

Did You Read the August Number?

No, this is *not* the "convention number." That appeared in August. Better explore that unopened pile on your desk or look behind the divan. Because if you don't you will never know what you should know about a memorable occasion.

Bird's-eye View

Under the caption of *Notes from the National Office* will be found the reports presented at the Biennial Meeting by the nine Provinces. We have heard such reports stigmatized as dull but we make no apology for publishing them in full. To an alert observer of the contemporary nursing scene they are significant because a careful analysis of them will furnish an answer to that foolish question sometimes asked in all seriousness: *What is the use of joining the Provincial Association?* Compare the accomplishment of your province with that of others and do not let the result of that comparison make you feel either smug or discouraged. At the same time make up your mind as to the nature of any experiment which might be profitably carried on by your provincial group.

Bi-lingual

It may have been a bit of a shock to our Anglo-Saxon complacency to realize, as we witnessed the Pageant of Nursing in Canada, that we are rooted in French soil. It may be news to many of our readers that there is in Canada a nursing journal published in the French language, *La Garde-Malade Canadienne-Française*, which is much appreciated by its French readers. Without any intention of encroaching upon the legitimate field of our contemporary, the *Journal* presents this month a brief account of the twenty-fifth anniversary of the Canadian Nurses Association written in French by Miss Caroline V. Barrett, president of the Association of Registered Nurses of the Province of Quebec. At the Biennial Meeting, particularly in the discussions of the three national sections, French nurses, lay and religious, made a valuable contribution. The French language, like the French mind, has a clarity and logic all its own. And it seems right and proper that upon certain important occasions our national *Journal* should be bi-lingual.

Towards Action

No one who attended the Biennial Meeting in Toronto could fail to note the thrust toward action which characterized every session. The question asked on all sides was: "There are so many things to do — which should be done first?" The leading article in this issue of the *Journal* is the address given by Miss Jean I. Gunn which formed an integral part of "A symposium on modifications of nursing service toward which we should aim." In the concluding summary Miss Gunn makes it perfectly plain that certain things must be done and done quickly. It is recommended that all who nurse the sick for hire shall be licensed; that registries shall be completely reorganized both as to organization and function; that the output of schools of nursing shall be curtailed; that hours of duty shall be shortened; that nurses shall actively support schemes for health insurance. Most important of all, it is suggested that *experiments be undertaken in different localities* which may help to solve some of the economic problems of nurses and meet the unfilled nursing needs of the community. Experimentation involves courage, intelligence and money. We have the first two but we have got to get the third. So that it looks as though the first thing that every province has to do is to put its best minds to work, let them select the experiment best suited to the local situation and get to work on the job. The rest of us will be kept busy raising the money. Because money will be needed.

Book Reviews

PHARMACOLOGY, MATERIA MEDICA AND THERAPEUTICS. By Charles Solomon, M.D., Associate Attending Physician and Chief of the Medical Clinic at the Jewish Hospital of Brooklyn; Lecturer on Materia Medica at the School of Nursing of the Jewish Hospital; Instructor in Medicine at the Long Island Medical College; Visiting Physician to the Jewish Sanitorium for Incurables. Teachers' Edition; 90 illustrations. Published by the J. B. Lippincott Company (Canadian branch: 525 Confederation Building, Montreal). Price, $3.50.

Doctor Solomon has a technique in the presentation of materia medica and its allied subjects which he has built up out of several years of experience in teaching pupil nurses. This method he has given in considerable detail in this teachers' edition of his book. He has a six-fold aim which he conscientiously endeavours to keep before his readers: first, he stresses the method of drug administration; second, he has determined that the information be comprehensive (both official and non-official drugs, drugs used commonly and rarely, are included); thirdly, attention is drawn to pharmacology in its relationship to other therapeutical measures; fourthly, he has given a few of his own teaching schemes; fifthly, because he is an exponent of the "learn-by-doing" doctrine, he has included suggestions for elementary laboratory exercises; and, sixthly, there is a phonetic guide. To cover such a Herculean endeavour he has divided his book into eight parts. Part One is a panorama of the field — a most comprehensive one. Taking the manifestations of disease as his cue he builds up the view with sections on types of treatment and discusses drugs in a general way under such headings as: Action, Absorption and Excretion; Administration; Classification; Official and Trade Names. This introduction is, itself, indicative of the task Dr. Solomon has set before him. In Part Two about forty pages are devoted to the subject matter and teaching of drugs and solutions. To Part Three—the section dealing with pharmacology — has been given the major effort. He has chosen the usual method in the teaching of pharmacology in that he presents the drugs according to the systems they affect. Hence the introduction to each system is begun by a review of the physiology, and followed by a short review of the function of each constituent part. The drugs affecting each constituent are presented, for the most part, according to the following method which the author has used to provide for economy in learning:

(a) The classification of drugs according to their action.

(b) Materia medica.

(c) Therapeutica: local use, systemic use, auxiliaries, contra-indications.

(d) Pharmacodynamics: action, effects, toxicology and treatment, idiosyncrasies.

To emphasize the high-lights of each lesson, he has used diagrams to illustrate the action of drugs on various parts of the system in question, to show the degrees of action obtained by various preparations of the same drug (natural and synthetic), and to show the relative toxicity of different preparations of a drug. He has tried earnestly to sharpen the student's interest by such devices as, in the chapter on the circulatory system, drawing attention to such interesting phsyiology as the increase of red cells being more rapid than the haemoglobin in liver therapy, and in the section on the urinary system shows, diagrammatically, the part played by the laws of filtration and osmosis. An outline on nutrition, biological and organic products, is also included. The last five parts of the book are given to concise and practical outlines on general principles and treatment of poisoning; other forms of therapy; pharmacology in the specialties; the treatment of emergencies; practical laboratory exercises.

The impression obtained from Dr. Solomon's monumental task is that he has striven to impress teachers and pupils with the fact that drug therapy can be appreciated only as it is thrown into relief by related sciences. Whilst pharmacology is *the* subject, the introduction of related subjects again emphasizes the importance of placing the theme in its true perspective. In one volume, containing an exhaustive amount of information and examples of pedagogically sound lesson-presentation, Dr. Solomon has shown, by example, that a teacher should be master of his subject and of his method and be certain of the purpose of his teaching. Every instructor should have a copy.

NORENA MACKENZIE,
Assistant Instructor of Nurses,
Montreal General Hospital.

A REVIEW OF NURSING. By Helen F. Hansen, R.N., A.B. (University of Omaha), M.A. (University of California); Chief, Bureau of Registration of Nurses, State of California. 635 pages. Price, $3.50. Published, 1934, by W. B. Saunders Company, London and Philadelphia. Canadian Agents: McAinsh & Co. Limited, 388 Yonge Street, Toronto.

The aim of this book is stated by the author to be as follows:

> When a student completes a subject in a school of nursing and when she is about to complete her entire course, she feels the need of a systematic review. Such a review, if carefully planned, should not only prepare her for an examination but also give her a view of each subject as a whole and its relationship to other subjects. With this need in view, a series of outlines followed by objective questions on each subject has been prepared. In order that the questions may serve both as a review and test, blanks have been inserted for answers. Answers have been included at the end of the volume in order that students may correct their own answers. It is believed that errors will be more forcibly brought to mind in this way than if the answers accompanied the statements and also that this procedure will inspire the students to look up questions with which they are unfamiliar.

The range of subjects covered is very wide and includes the basic sciences as well as all the principal branches of nursing including psychiatric nursing. Chapters are also devoted to dietetics and the history of nursing and its ethical and professional relationships. Four types of questions are used in each chapter, namely, Matching, Completion, True-False, and Single or Multiple Choice types. As an aid in review this book will be extremely valuable to students. This statement applies particularly to the chapters dealing with the basic sciences. The questions have been framed in such a way as to stimulate independent thinking and the answers do not lend themselves to blind memorization but encourage the student to seek further information. This reviewer does not consider that the attempt to apply this particular method of learning to the history and ethics of nursing or to psychology has been altogether successful.

Teachers in schools of nursing will find the book invaluable when preparing for reviews and, as a somewhat disconcerting means of finding out the extent and accuracy of her own knowledge of elementary facts, no better exercise could be devised than to try some of the tests on herself. We know because we tried.

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Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

As announced in the August issue of the *Journal*, official reports submitted at the Biennial Meeting will appear in *Notes from the National Office*. This month the reports of the Florence Nightingale Memorial Committee and of the Committee on Curriculum for nurses-in-training in Mental Hospitals are presented together with those of the nine Provincial units of the Canadian Nurses Association.

THE FLORENCE NIGHTINGALE MEMORIAL

In presenting the subject of a Memorial to Florence Nightingale from the national point of view, I am doing so as convener of the special committee appointed at the last biennial meeting so that this must be in the nature of a report of the activities since then as well as an endeavour to present the opinion of our members. You may remember that in July, 1932, at the invitation of the British Council of Nurses a "Florence Nightingale Week" was arranged for the purpose of discussing the whole question of a Memorial, and invitations were received by the different countries to appoint a delegate to be present at this conference. I was privileged to attend that meeting and as full reports have been presented in the *Journal* I will not go into details; suffice to say that the contact made and conversation with many "Old Internationals", who had come as the official delegates from their respective countries, convinced me of the value of the course as established by the League of Red Cross Societies and which was the basis of discussion as a suggested form that a Memorial might take. The value in having taken this course appeared to be the contribution they had been able to make to their respective countries in nursing education and public health education where these either did not exist or only to a limited degree.

At this juncture the League of Red Cross Societies had announced its decision to discontinue the International Course which it had financed for the past eleven years, and which had been of inestimable value to many of the countries from which graduates had returned to put into application what they had achieved both in knowledge and inspiration. This action on the part of the League was not surprising, for you all know what demands have been made on the National Red Cross Societies in the past few years for relief and other economic reasons as well as an almost depleted treasury. This seemed a timely opportunity to discuss, or should one say revive the discussions of, a Nurses Memorial to Florence Nightingale. It had been a foregone conclusion in the minds of the majority of nurses that any Memorial to the leader of our profession should be educational in form—for of all things was she not an educationalist of the most progressive type?

To stimulate the interest of the delegates, visits were made to her home at Embley Park, to her grave (so modestly marked), to Manchester House, a truly international residence for students which was offered at that time by the League of Red Cross Societies to the International Council of Nurses should the course at Bedford College be continued, to the Nightingale School at St. Thomas's Hospital and many other places of interest that had played a part in Miss Nightingale's life or in the suggested Memorial. Later a final conference took place and the formation of a provisional memorial

committee made recommendations to the International Council of Nurses executive. I will not go into the details of this Committee's achievements as a later report from the delegate to the 1933 Conference will no doubt bring you up to date. I should like to mention however, that while in Britain I was presented by Mrs. Bedford Fenwick with a brick from Florence Nightingale's old home at Chelsea. I felt that this should be at National Headquarters but in a recent communication from Mrs. Fenwick she informed me that she was sending another brick for the Association by one of our British guests. During that week a most fascinating exhibit was arranged jointly by the courtesy of Miss Lloyd Still of St. Thomas's Hospital and Miss A. M. Bushby, historian of the British College of Nurses. It was at this delightful and interesting function that this brick was presented.

Since the decision was made at the International Council of Nurses Conference last year to establish the course at Bedford College as a Memorial, our national committee has been enlarged to include the conveners of the nine provincial Memorial Committees. These members have all been communicated with and have formed provincial committees and planned their own activities in an effort to create interest and financial support for this project, for by this time we, with all the other countries of the world, had pledged our support, although to no fixed degree. I think the Canadian or national point of view is answered by the results of this committee's work. Up to date the amount submitted from the provinces is $1,838.46

Alberta, $124.45; British Columbia, $250.00; Manitoba, $255.30; New Brunswick, $140.20; Nova Scotia wrote stating that they had sent $30.00 and were forwarding a further $20.00; Ontario, $525.00; Prince Edward Island announced that it would contribute $50.00 annually for five years; Quebec, $343.00; Saskatchewan, $200.00. In some cases promises for annual donations have been made but they will be published as received.

In endeavouring to gain the opinions of our members as to their interest in the Memorial, as a nurses' tribute to that nurse whose foresight has made our profession as we know it today possible, I think we have to think in terms of:

1. Personal gratitude and homage.
2. National appreciation.
3. The future of the profession.

I wonder if we can really answer this question in terms of a national point of view, thinking only of our own nation. Must we not make our national contribution, so that even if we in Canada may not benefit to any marked extent by the establishment of this course that the contribution (that I am convinced will be made) to the health programmes of other nations at once challenges our national responsibility. During the Florence Nightingale week in 1932, there was a very delightful reunion of "Old Internationals" and the presentation of the diplomas at Bedford College that year was made by Miss Venny Snellman who many of you may know as the national director of nursing education for Finland. In one of the most progressive addresses I have ever listened to on nursing education, embodying a vision of all that was finest in academic and ethical standards of the profession, Miss Snellman referred to the Bedford College course as follows:

In having to prepare, during a very limited period of time, uneven student material for widely differing positions, Bedford College has chosen to give the students a general background for all nursing, stressing broad common principles more than detailed knowledge of subject matter, aiming at creating the right attitude of mind rather than giving ready-made rules of procedure. In this way the courses give the student tools to work with, tools which she can use in whatever situation her work may place her. The working together of many nurses of different nationalities, besides furthering international understanding in general, brings about an exchange of ideas in nursing matters, and leads to an often continued personal contact

between individual nurses in different lands. Such a contact benefits their work, teaches open-mindedness and keeps the windows of the profession open to fresh winds.

Since this, then, was the form our international organization decreed the Memorial should take, we, the nurses of Canada would, of course, want to be included in any project that represented the considered opinion of the nurses of the thirty member-countries of the International Council of Nurses. We keep repeating when opportunity offers that our profession has no national barriers. If this be true, our national point of view must be closely in sympathy with the international.

There are some practical points which should be discussed, for I think if this course is to be successful either as a dignified Memorial or as a sound academic contribution to the profession, we must take our share in the responsibility of its organization and development. I will quote from a letter received from one of our members which I think expresses fairly clearly what is in the minds of those who have given thought to the International course:

What is the standing of the International Course, what credits are given? Is the Course recognized by other Universities? If Canadian nurses are going to be sent to London for a year, and funds raised in Canada for the Foundation, our nurses naturally expect that the academic work will be of such a standard that it will be recognized elsewhere. Credits loom large in the eyes of many on this side of the Atlantic—I cannot remember hearing the word even mentioned during the whole year I spent in England—nor would I exchange the experience and lessons learned during that year for a very large number of credits offered elsewhere. The writer goes on to say; the proposed Memorial must be worthy of the ideals and vision of Florence Nightingale, and must represent the highest and best, professionally, but I trust due value will forever be set upon that indefinable spirit interwoven and developed as an integral part of the International Course, during the past decade.

The suggested points for discussion, upon which I shall touch but briefly, are:

1. That the ultimate objective be the establishment of a faculty of nursing or better still a college of nursing.
2. That a nurse with the necessary academic standing be appointed as director.
3. That the International Council of Nurses Memorial Committee receive suggestions from the national committees as to the type of course that would meet their national needs, realizing that the success of the course depends on the support of the various national associations. (It is hoped that the course will attract other graduates than the recipients of the scholarships).
4. The course should be capable of development so that it would finally be considerably wider in scope than the postgraduate courses available within countries from which the students come.
5. As nurses from English-speaking countries (or with a good command of English) would be able to carry a more comprehensive course, that additional elective opportunities be available for them.

As the inaugural meeting of the International Foundation Committee takes place in London on July 5 and I felt that Canada should very definitely commit itself as to policy I called a conference of the provincial members, with the consent of the President. As a result a special committee was appointed to prepare a report and a covering letter which, with the approval of the executive committee of the C.N.A. was forwarded to Sir Arthur Stanley, C.B.E., C.B., M.V.O., Chairman of the Provisional Committee of the proposed Florence Nightingale International Foundation.

As we realize the importance of the inaugural meeting of the Florence Nightingale International Foundation, it is with great regret that we find ourselves unable to arrange for a delegate to be present, July 5th, at 15 Manchester Square. We are therefore forwarding a report from the Canadian Nurses Association embodying recommendations which have received careful consideration and we would appreciate having this report presented and discussed. We regret that this report reaches you at such late date but it could not be avoided as it was necessary to hold it over until the Biennial Meeting of the Canadian Nurses Association which is now in convention.

Suggestions and Recommendations

Whereas we find that in the provisional draft the courses are entirely referred to as "courses of postgraduate nursing education", we feel that from the outset the scope of the organization should be broader and should ultimately lead to the establishment of a Faculty of Nursing in the University of London, the functions of which should be nursing education research, as well as nursing education in its broadest sense. The Canadian Nurses Association considers it is essential that the courses offered be much wider in scope than the present courses available in the countries from which the students come, otherwise there will be little incentive for prospective students to assume the additional financial outlay, and naturally, all countries will look to this international course as something greatly in advance of existing facilities.

It is further recommended that at as early a date as possible the director of courses should be a nurse with the necessary academic qualifications, because the continuance of the direction of the courses as at present organized will be detrimental to the success of the Foundation. It is also suggested that the Foundation arrange for a definite study of the type of courses required by the different countries participating. This seems most essential as the success of the Foundation will depend upon the support of the various national associations. It is also recommended that elective opportunities be available for nurses from English-speaking countries or possessing a good command of English.

I feel that the greatest contribution that the Canadian Nurses Association can make to the International Course is suggestions or criticisms (if need be) both as to faculty and curriculum content, for is the whole success of the Memorial not dependent firstly on the foundation of this course and finally on its steady development and progress? While these are all matters that would require consideration, I trust that I have presented a point of view that can be considered national.

GRACE M. FAIRLEY.

Convener of the Florence Nightingale Memorial Committee of the Canadian Nurses Association.

REPORT *on* CURRICULUM *for* NURSES-IN-TRAINING *in* MENTAL HOSPITALS

On October 30, 1933, Dr. Grant Fleming, Director of the Canadian National Committee for Mental Hygiene, wrote Miss Jean Wilson, Executive Secretary of the Canadian Nurses Association, asking with what committee of the C.N.A. he could confer regarding a request received from the Department of Pensions and National Health. He had received from the department, copy of a resolution passed by the Dominion Council of Health, meeting in Ottawa, June 13-15, 1933, and reading as follows:

Whereas most provinces are just commencing to establish training schools in connection with the mental hospitals for nurse-attendants and attendants; and

Whereas there is no uniformity as to educational requirements for admission to such school, or as to curriculum or as to length of course:

We the Dominion Council of Health, recommend that the National Committee on Mental Hygiene be requested to prepare a minimum standard for such training and education and to have this adopted throughout Canada.

The Executive Committee of the C.N.A. in meeting on December 8, appointed a small committee for this purpose. The committee was definitely organized in January, with the following membership: Miss Marion Lindeburgh, Miss E. Frances Upton and Miss N. D. Fidler, convener.

During February and March the committee corresponded on certain general questions affecting the purely educational one, as follows:

1. Should mental hospitals be used as undergraduate training schools?

2. If not, is it feasible now, or how soon, to discontinue all such schools at present in operation?

3. What contribution should the mental hospital make to nursing education? What is our policy with regard to (*a*) undergraduate affiliation? (*b*) postgraduate psychiatric nursing courses?

4. Is there a place in mental nursing service for male nurses?

5. (*a*) Is there a place for a subsidiary group of workers?

(*b*) Should they be trained in the mental hospital?

(*c*) What should be the ratio of these workers to nurses?

6. The question of what mental hygiene is taught to the undergraduate general hospital student has a bearing on the question of affiliation.

Simultaneously Dr. Fleming organized a sub-committee of the National Committee for Mental Hygiene for preliminary discussion of similar topics. Members of this sub-committee were also appointed to draw up suggested outlines of courses for graduate nurses in mental hospitals, for attendants, and for the mental hygiene teaching of the undergraduate general hospital student. These outlines are still in process of construction, and no final suggestion as to content has been made. This sub-committee has met twice, and has reached the point where it is guided by the following principles:

1. Attendants (male and female) are required in mental hospitals, but the number of such attendants should be in a certain ratio to the nursing personnel.

2. Attendants should receive training, but this training should be limited to the duties of attendants in order to prevent any suggestion that attendants are qualified to act other than as attendants.

3. Registered nurses should be in charge of all wards (male and female) in mental hospitals during both the day and the night.

4. The ultimate aim is to have only one type of training for all undergraduate nurses in general hospitals, with adequate outside affiliations.

5. That registered nurses, graduates of general hospitals, should be acceptable for staff duty in mental hospitals if and when general hospital training schools include training in mental hygiene and psychiatry, according to the standard set up by the Canadian National Committee for Mental Hygiene.

6. Because of the need of mental hospitals for male nurses, facilities should be provided for male undergraduate nursing education leading to a "Reg. N."

7. In the meantime, training schools in mental hospitals are required to provide qualified nursing staffs in mental hospitals.

8. Training schools in mental hospitals should be so organized that their graduates will be eligible for their "Reg. N." diploma.

9. Mental hospitals should be so organized as to provide training facilities for affiliated institutions and for postgraduate nursing education.

10. That mental hospitals should lead the way in requiring a personality and mental examination of their student nurses and in providing complete health service for the nursing staff.

11. That the position of the Nursing Superintendent in mental hospitals should be strengthened and that she should be directly responsible for the nursing school. The education of nurses is primarily the responsibility of the nursing profession.

On June 9, your special committee met in Montreal, and went over these questions very fully. The following points appeared to stand out:

1. The committee approves the training of attendents, which should be in a definite ratio to the nursing personnel. It is not yet known what this should be; obviously it would vary in different parts of the same hospital. There should be a systematic course of theory and practice planned, on a definite level, to discriminate their responsibilities and duties from more acute nursing situations. Their work is nursing, and they should be under the teaching and supervision of the nursing staff.

2. The committee disagrees with the principle laid down in No. 6 of the preceding paragraphs. It is not clear to us that there is a need for male nurses, and the committee feels that there are at present more pressing problems of nursing education to be dealt with.

3. With regard to the undergraduate school in the mental hospital, we point out that these continue to exist principally because of the almost complete lack of affiliation of general hospital students with mental hospitals. Therefore, we find it difficult to quarrel with the National Committee finding No. 7, which says that "in the meantime, training schools in mental hospitals are required to provide qualified nursing staffs in mental hospitals", and we agree that while such schools exist, they "should be organized that their graduates will be eligible for their registered nurse diploma." To do this, we feel that the general hospital affiliation should be at least one year, preferably the second, and that the subjects for which the student is affiliating, should be taught, both as to classroom and as to practice, in the general hospital where the affiliation takes place.

This, however, can only be regarded as an expedient, and as soon as possible, training schools in mental hospitals should be replaced by the usual approved set-up: graduates, postgraduates, undergraduates, and attendants; or in some cases, by part of this. "Training schools in mental hospitals should be so organized as to provide training facilities for affiliated institutions and for postgraduate nursing education"; but these affiliations should be established only with schools that give proper basic training, that is approved schools of nursing.

A summary of the findings of the committee up to this point is as follows:

1. As soon as possible training schools in mental hospitals should be replaced by general duty nurses and, where facilities justify it, by postgraduate or undergraduate affiliate students.

2. At present, and until affiliations are arranged, it seems inevitable that a certain number of training schools will continue to operate in mental hospitals.

3. The committee does not recognize the need for more than a very limited number of male nurses.

4. The committee approves the principle of the mental hospital training an auxiliary staff of attendants, male and female, with careful delineation of their duties and supervision by the nursing staff.

N. D. FIDLER, Reg. N., *Convener.*

REPORT OF THE ALBERTA ASSOCIATION OF REGISTERED NURSES

Objectives

To protect the members of the Association; to maintain standards in the nursing profession; to foster interest and cohesion among the members, and to further the growth of the Association that we may increase our efforts in giving service to the public.

Membership

Every applicant for registration as a registered nurse pursuant to the provisions of this Act shall:

(*a*) Have received at least three years' training in medical, surgical and obstetrical work at a general hospital or hospitals recognized by the Senate of the University of Alberta or shall have received the Degree of B.Sc. in Nursing from a recognized university;

(*b*) pass the qualifying examination hereinafter referred to;

(*c*) pay a fee of five dollars.

Any person who is registered as a nurse under the law of any province, state or country, may, upon payment of the proper fee, be registered without further examination if the Senate of the University of Alberta is satisfied that the standard of the qualification for registration required therein, is at least equivalent to that required in Alberta. The

Senate of the University of Alberta shall:

Satisfy itself that any person entering after January, 1935, upon a course of hospital training leading to registration under this Act, has passed the grade XI examination of the Department of Education of the province or has the equivalent educational standing.

The membership is 700. Percentage subscribing to *The Canadian Nurse* is 37.1. Occasionally, registered nurses from other provinces have not applied for registration, hence all registered nurses in the province are not members of the Provincial Association.

Nursing Education Section

The Nursing Education Section of the A.A.R.N. has been active during the past year, its objectives being as follow:

1. Attempting to standardize the methods of teaching of practical nursing procedures throughout the province.
2. The curriculum study.

There has been a good attendance at all the meetings throughout the year, and considerable interest has been displayed in the demonstrations given.

Private Duty Section

The private duty nurses in Albert have given a great deal of consideration, during the past two years, to the question of increasing employment for nurses, which is our largest problem at present. The nurses have, in the larger centres, adopted the eight-hour day and hourly nursing and some have reduced their fees for twelve-hour duty, but without any increase in the amount of work available. In Calgary the nurses have dispensed with their central registry and seem to be able to carry on successfully with the two large hospitals keeping their own registries. In Edmonton, the graduate nurses' registry is able to carry on, thanks to the support of some of our local hospitals and is supplying a real service to the nurses and the community in these difficult times. Owing to lack of employment in the cities, there are a great many nurses doing private duty work in the country districts, where they can live at their homes, and in this way there are fewer nurses in the cities than there would otherwise be.

Public Health Section

The activities of the public health section are as follow:

1. Increased interest in the Public Health Library in the addition of new books, and encouraging increased use of the Library.
2. A course of lectures in psychology and mental hygiene given by Dr. A. H. Smith of the University of Alberta to a group of thirty nurses of the Edmonton sub-section in 1933.
3. Delegates were sent to the annual convention of the A.A.R.N. from each sub-section in the province, and to the meeting of the Provincial Public Health Association.
4. Studies were conducted in the various sub-sections of the *Survey Report*.

Standing and Special Committees

Joint Study; Legislative; Membership; subscriptions to *The Canadian Nurse*; Florence Nightingale Memorial Foundation; Committee on Curriculum; Loan Fund, C.N.A. Membership Campaign. The Association has a representative on the Committee of Inspection of Training Schools.

Annual Meeting

The annual meeting of the A.A.R.N. was held on October 11 and 12, at the Palliser Hotel, Calgary, with Miss F. Munroe, president, in the chair. Two hundred and fifty members were present. The major interests were the president's address and reports from the various sections and committees; the loan fund and employment of nurses and the reduction of registration fees, the Association agreeing to set the amount at $5.00 instead of $7.00, the $5.00 to include the current annual fee of $2.00. This change came into force after January, 1934.

Miss Munroe in her address made special mention of the difficult problems facing the nurses to-day. She stated that the Legislative Commission appointed to sit and make recommendations to the Legislature as to "The best method of making adequate medical and health services available to all the people of Alberta," had asked the Nurses Association to

present their views from a nursing angle; the time given for study and preparation had been inadequate but various phases of nursing and health were discussed and suggestions presented to the Legislative Commission. The inspection of schools of nursing was referred to, also the Mental Hospital at Ponoka being granted the privilege of conducting a school of nursing. The attention of the nurses was also drawn to the fact that in spite of hard times the membership of the A.A.R.N. was increasing. The meeting honoured the memory of Miss Mary Agnes Snively by standing in silence for a few moments. Miss Ethel Johns, editor of *The Canadian Nurse*, was the guest speaker. The officers elected were:

President: Miss F. Munroe, Royal Alexandra Hospital, Edmonton.
First Vice-President: Miss J. Connal, General Hospital, Calgary.
Second Vice-President: Miss E. McPhedran, Central Alberta Sanatorium.
Registrar-Secretary-Treasurer: Mrs. A. E. Vango, 11107 82nd Ave., Edmonton.
Other Councillors: Miss Kate S. Brighty, Sister Tougas and Miss S. Macdonald.

Special Interests, Activities and Accomplishments

Preparing and presenting an amendment to the Registered Nurses Act of Alberta. The major provisions in the amended Act are:

(*a*) A degree of B.Sc. in Nursing from a recognized University is made a qualification which may be accepted for registration.

(*b*) The standard of education required of a person entering upon a course of hospital training leading to registration is raised from Grade VIII to Grade XI.

The remaining sections of the Bill amend the provisions relating to the internal management of the Association. The Bill was successfully assented to in the House and passed by the Legislative Assembly of the Province of Alberta.

There is an increased membership in the Association and an invitation is extended to the C.N.A. to hold the 1936 Biennial Convention at one of the mountain resorts in Alberta.

Other Features and Trends which Characterize the Work of the Association

A new affiliated school has been established in the Mental Hospital at Ponoka, which is to a certain extent in the nature of an experiment. It is proposed to establish this school on the basis of four years' training; two years in the mental hospital, and two years in a general hospital. An instructress of nurses has been appointed, on whom will be placed the responsibility of seeing that the first year of general training, the lectures, classes and practical work will be covered in the two years in the mental hospital. In addition the mental hospital pledges itself to establish post-graduate courses for graduates who show interest and adaptability, this course to be one year in length.

F. MUNROE,
President.
KATE SHAW BRIGHTY,
Secretary-Treasurer.

REPORT OF GRADUATE NURSES ASSOCIATION OF BRITISH COLUMBIA

Objective

The continued effort to uphold nursing standards in British Columbia.

Membership

(*a*) Basis of membership: graduate of an accredited training school in British Columbia or a graduate of an accredited school outside the province whose qualifications are equal to those demanded of our graduates. The educational standing of graduates from outside the province must be equal to that demanded of British Columbia graduates of the same year.

(*b*) The Association has 1,938 members.

(*c*) All registered nurses in the province are members of the Association.

(*d*) The percentage of members subscribing to *The Canadian Nurse* is unknown.

Sections

Nursing education. Private duty. Public health.

Standing and Special Committees

STANDING:

Public health	Nomination
Private duty	Legislation
Nursing education	Finance
Programme	Training school
Press	inspection.

SPECIAL:

Red Cross Emergency Service
Provincial sub-committee on curriculum
Provincial Joint Study
Unemployment
Provincial Florence Nightingale Memorial Committee
The Canadian Nurse
New Office Committee
Refresher Course Committee.

Annual Meeting

(*a*) Date: Easter Monday of each year.

(*b*) Content of sessions: Similar to other nursing organizations.

(*c*) Officers: President, Miss M. F. Gray; First vice-president, Miss E. G. Breeze; Second vice-president, Miss G. M. Fairley; Registrar, Miss Helen Randal, 516 Vancouver Block, Vancouver; Secretary, Miss M. Kerr, 516 Vancouver Block, Vancouver.

Special Interests, Activities and Accomplishments

Payment of $500.00 to McGill University School for Graduate Nurses in 1933. Our special interests are to improve and provide opportunities whenever possible for postgraduate work in hospitals, refresher courses and scholarships. Due to the financial conditions of nurses, no special effort has been made along this line since 1932. A committee is now formed to consider possibilities of holding a refresher course for head nurses to be given next year. Special activities have been taken up by committees as indicated by their titles. Other features or trends which characterize the work of the organization are: Routine attention to annual re-registration of our nurses; inspection of training schools in British Columbia; control of arrangements and financing of examinations for Registered Nurses' certificate and registration of nurses.

HELEN RANDAL, R.N.,
Registrar.

REPORT OF THE MANITOBA ASSOCIATION OF REGISTERED NURSES

Objects

1. To advance the educational standards of nursing;

2. The standardization of training schools in Manitoba;

3. To maintain the honour and status of the nursing profession and render service in the interest of the public.

Membership

1. Graduate nurses are registered according to the Nurses Act of Manitoba, are eligible for membership in the Manitoba Association of Registered Nurses on payment of the initial fee of $10.00, and an annual renewal fee of $2.00.

2. There are 2,833 registrants in the province since 1914.

3. The active membership for 1933 was 459.

4. Approximately ten per cent of the active members subscribe to *The Canadian Nurse* magazine.

Sections

1. The Public Health Section was organized in Manitoba in 1919. During 1931-1933, this section sponsored a number of lectures on matters of interest to their own group, and met to study the chapters of the Weir Report which were applicable to public health nurses.

2. The Private Duty Section was organized in 1921, and during the last two years has been actively engaged in trying to help solve the ever-present condition of unemployment within their group. An eight-hour day, advertising of private duty nurses' fees, and a provincial survey by questionnaire to private duty nurses being some of the methods employed.

3. The Nursing Education Section was organized in 1924. The meetings of this section during the past two years have been devoted largely to a study of the Weir Report, summaries of the chapters of this report having been despatched to the rural training school superintendents. The section has purchased a projectoscope for use within its group.

Conveners of all three sections have been members of a committee who have brought recommendations to the Board of the M. A. R. N. regarding the reorganization of the Central Directory and M.A.R.N. staff.

Standing and Special Committees

The Association is managed by a Board composed of fifteen members who are in office for a period of two years and who meet as often as necessary to attend to the affairs of the Association.

1. The Legislative Committee is especially selected by the Board to attend to such matters as amending the by-laws and presenting these to the Provincial Legislature.

2. The Membership Committee endeavour to secure new members and assist in the matter of payment of renewal fees.

3. The Directory Committee is composed of members of the Manitoba Association of Registered Nurses representing all branches of nursing, and transact business relating to the Directory.

4. The Sick Visiting Committee visit all members who are ill and report to the next General Meeting.

5. The Social and Programme Committee attend to the social and literary matters which may be necessary for the welfare and professional advancement of the Association.

6. The Nominating Committee is appointed usually two months before the annual meeting to nominate new members for the Board.

7. The Librarian attends to the arrangement of books and magazines of the Association, also to the lending and return of same.

8. Press and Publication Committee keep the Press informed of meetings and of other matters that may further the interests of the profession in relation to the public.

9. Joint Study Committee meets at intervals to discuss certain phases of the Weir Report, and recommendations which may be received from the National Joint Study Committee. The Manitoba Joint Study Committee personnel is representative of the Medical, Nursing, Professional and Educational groups.

10. Interchange of Nurses Committee, sponsored by the M.A.R.N., enabled nurses within the province to take postgraduate courses, graduates from large hospitals going to small hospitals and vice versa. A small salary was granted by the Association and full maintenance by the hospitals co-operating.

The Annual Meeting

The annual meeting of this Association is held in January of each year, usually in the third week, but the date may be arranged by the members of the Board. The meetings usually comprise an afternoon and evening session. The afternoon session is devoted to the presenting of annual reports submitted by the following: President, Corresponding Secretary, Recording Secretary, Registrar, Treasurer; Sections: Private Duty, Nursing Education, Public Health; Committees: Legislative, Directory, Membership, Sick Visiting, Social and Programme; Librarian; Representatives to Local Council of Women, Central Council of Social Agencies, Victorian Order of Nurses, Canadian Red Cross. A dinner meeting is held during the evening at which time we have a guest speaker who delivers an address on some current event. Officers are elected at the annual meeting to replace members on the Board whose term of office has expired. Conveners of committees, and representatives to other affiliated organizations are also elected at this time. Over the period from June, 1932, until June, 1934, the Manitoba Association of Registered Nurses have held eighteen Board meetings and eight general meetings, the business of the Association having been conducted at the

Board meetings. The general meetings usually took the form of a dinner gathering of the members, where a speaker of some distinction later addressed the meeting on some subject of current interest.

During the period from June, 1932, until June, 1934, the M.A.R.N. have helped to alleviate the condition of unemployment within the group, firstly by arranging for relief nursing for special cases in hospitals and homes, for patients who could not afford to pay for this service themselves; secondly, by a system of interchange of nurses within the province between the large hospital and the small. The M.A.R.N. pay the nurses a small salary and their transportation, while the hospital provides full maintenance. A total of $4,200 has been expended in this way. A reduction in Central Directory fees has recently been made and a general reorganization of the office staff is being established.

The M.A.R.N. has now arranged with the Registrar of the University of Manitoba that the applications of all candidates for R.N. examinations are submitted to the Registration Committee of the M.A.R.N. before the examination takes place, so that they may be informed of the professional qualifications of these candidates. Some changes have been made in the By-laws of the Association chiefly affecting the Nurses Central Directory. The Library has been re-organized and a number of new books has been placed with the former collection.

Negotiations are practically completed for the establishment of reciprocal registration between the M.A.R.N. and the General Nursing Council of England and Wales. A number of Manitoba nurses attended the 1933 International Congress of Nurses, the Canadian delegate from the Public Health Section being Miss A. E. Wells, of the Manitoba Department of Health and Public Welfare. The offices of the M.A.R.N. and Central Directory are now located at 510 Medical Arts Building, Winnipeg.

This Association is affiliated with the Canadian Nurses Association, Canadian Red Cross, Local Council of Women, Central Council of Social Agencies, and contribute financially to the support of a native nurse in Punjaub, India. The Association owns a set of lantern slides depicting the history of nursing, and these slides are lent in turn to all the hospitals with schools of nursing, in Manitoba.

MILDRED M. REID,
President, M.A.R.N.

REPORT OF THE NEW BRUNSWICK ASSOCIATION OF REGISTERED NURSES

The New Brunswick Association of Registered Nurses was incorporated and its Registration Act became effective April 29, 1916. The following are the objectives of the Association: "To provide a body of well educated, thoroughly trained nurses for the intelligent and sympathetic care of the sick: to promote professional and educational advancement: to improve the character of nursing service in all fields of nursing endeavour." The qualification for membership in the Association is registration under the New Brunswick Act. Since 1931 all nurses who have become registered have automatically become members of the Association. Prior to this, membership was voluntary. There are three classes of

membership: active, which pays a yearly fee of $3.00; non-resident, which pays a membership fee of $1.00 yearly, and associate, made up of nurses duly registered in the province but who have retired from active duty or have engaged in other occupations. The yearly fee of the associate member is $1.00. This membership is largely made up of married nurses. In January, 1934, a list of 469 members in good standing was published in the *Royal Gazette*. The total number of R.N. certificates issued to date is 1,135. There are 123 subscribers to *The Canadian Nurse*.

The affairs of the Association are managed largely by an Executive Council, composed of twelve members at present, representing the various districts of the province. There are three sections: Public health, Nursing Education and Private Duty; four standing committees: Constitution and by-laws, *Canadian Nurse*, Provincial Joint Study, and Provincial Curriculum Committees. There is a Board of Examiners whose membership is made up of two doctors appointed by the N.B. Council of Physicians and Surgeons, and three nurses appointed by the N.B. Association of Registered Nurses. All appointments are for three years' duration, re-appointment to be possible, if desired. The Board holds registration examinations twice yearly on the first Wednesday and Thursday of each May and November. The Board Meetings are held after reports have been received from the examinations, when certificates are awarded to qualified candidates who wrote the examinations and all matters in connection with the holding of future examinations are considered.

The annual meeting is held in the month of September. At each annual meeting, the place of the next meeting is decided, but the date is usually settled upon at the last Executive Council held just before the summer recess. The content of session consists of the presidential address, reports of the secretary-treasurer-registrar, auditor, secretary of the Board of Examiners, conveners of sections, standing committees and local Chapters. Business arising from these reports receives full attention and free discussion is held on problems presented. In addition, addresses are usually heard in connection with special problems presented, from speakers well able to deal with these, and further analysis, advice and encouragement offered. The annual meeting concludes with the election of officers and council members, conveners of standing committees and sections and nurse members of the Board of Examiners when these appointments fall due.

In reviewing the work of the Association since the last report was prepared for a Biennial Meeting, it seems that the activities of the Association have been largely centred in the efforts of the Provincial Joint Study and Provincial Curriculum Committees. The minimum educational entrance requirement approved for prospective students in New Brunswick Nursing Schools is junior matriculation. An attempt to have this information placed before the girl students now in provincial high schools was unsuccessful.

Unemployment continues to constitute a special problem. Too many nurses are still being graduated in the province; in this matter no difference or improvement can be reported. There still seems an economic wall of formidable height over which we are unable to climb and which remains as a solid block in the path of progress. There are one or two bright spots visible, however, in these past years of unusual and discouraging conditions; the New Brunswick Association of Registered Nurses has continued to add to its membership and stand pat on the finances. This gives cause to continue hopeful for the future.

MAUDE E. RETALLICK,
Secretary-Treasurer-Registrar.

REPORT OF THE REGISTERED NURSES ASSOCIATION OF NOVA SCOTIA

Objectives of our Association

1. To provide a special organization for graduate nurses, and to do all such things as from time to time may be necessary to elevate the status and advance the purposes of the Association.

2. To unite the members of the profession into one general body; to provide for the better definition and protection of graduate nurses, and the supply of educated and trained members. This includes the issuing of certificates.

3. To promote and foster among the members of the profession a high sense of the importance of professional training and to protect the mutual interests of the members.

4. To provide opportunities for intercourse amongst the members, and to give facilities for the reading of papers, the delivery of lectures and for the acquisition and dissemination by other means of the most approved methods and scientific teaching of nursing.

5. To assist necessitous members, and to act as trustees of any benevolent fund or funds which may be contributed for any purpose. Much thought has been given to the unemployment situation among our nurses, but no definite plan for relieving them has so far been evolved.

Membership

(*a*) The basis of membership is: (1) Graduation from an approved School of Nursing; (2) preliminary education of at least Grade X (Public Schools of Nova Scotia), and of at least Grade XI after October 31, 1936; (3) a minimum age of twenty-two years.

(*b*) The number of members is 680, of which 425 are fully paid-up at the present date.

(*c*) All nurses registered in Nova Scotia are members of this Association.

(*d*) About twenty per cent of the members subscribe to *The Canadian Nurse*.

Sections

Public Health Committee; Private Duty Committee; Nursing Education Committee. Other Standing Committees: Library; Legislative; Programme and Publications; Red Cross Emergency Corps; Registrar's Advisory; Arrangements; Nominating.

Annual Meeting

The date of the annual meeting was June 7 and 8, in Sydney, N.S. The content of the session was:

Reports of officers; reports of conveners of committees; reports of various local branches of the association; discussions and recommendations arising from above; discussion of appointment of an inspector-registrar; choosing of delegates to the Biennial Meeting in Toronto; discussion of provincial fees, and refunds to various local branches; election of officers for coming year.

Special Interests

The age limit for nurses registering in this province has been raised from twenty-one to twenty-two years, by legislation recently passed. Although the preliminary education of nurses graduating in the present and in the future is being raised, it has been made possible for old graduates who possess the other qualifications necessary for registration, to do so without examination, and regardless of preliminary education. Although the Association hoped to secure legislation which would make a university-trained instructor a necessary part of every training school, they were not successful in having this part of their bill passed, but expect to bring the matter up again next year.

One hundred and forty new members were admited in 1933, and 22 since the beginning of 1934. Affiliation fees for 429 members were forwarded to the Canadian Nurses Association for 1933, and for 482 members for 1934.

MURIEL J. GRAHAM,
Executive Secretary.

REPORT OF THE REGISTERED NURSES ASSOCIATION OF ONTARIO

Objectives

To advance the educational standards of nursing; to maintain the honour and status of the nursing profession; to render service in the interest of the public.

Membership

Membership in the Association is voluntary, therefore all registered nurses in Ontario are not members. On June 1, the memebrship was 2,293. Thirty-five per cent of the members are subscribers to *The Canadian Nurse*.

Sections

Nursing education; private duty; public health.

Standing Committees

Membership; publications; arrangements; programme; nomination; legislation.

Special Committees

Exhibits; finance; permanent education fund; provincial Florence Nightingale Memorial; provincial joint enrolment; Ontario study committee on nursing education; curriculum sub-committee; committee to study all forms of insurance; committee to map out the programme in regard to the reduction of student nurses and the substitution of graduate nursing service; committee to study the distribution of nursing service.

Annual Meeting

The annual meeting is usually held during Easter week, but this year, as we have the honour and pleasure of being hostesses to the Canadian Nurses Association for their Biennial Meeting, it was decided to hold only a one-day session. This meeting is being particularly devoted to business, and an interesting and instructive round-table, with all sections participating.

Officers

The following officers were elected for 1934-1935:

President: Miss Marjorie Buck.
First Vice-President: Miss Dorothy Percy.
Second Vice-President: Miss Constance Brewster.
Secretary-Treasurer: Miss Matilda Fitzgerald.

Membership

The total number of nurses registered in Ontario since the passing of the Nurse Registration Act in 1922 is 17,621.

Schools of Nursing

Twenty-nine hospitals in Ontario have discontinued their training schools since 1930, making a total number of thirty-four training schools closed. Only one training school, at St. Joseph's Hospital, North Bay, and the School of Nursing, University of Toronto, have been organized since 1930.

Local Groups

One outstanding feature in our Association is the benefit that the formation of local groups has been in a district in Northern Ontario, where the distances are so great that nurses were unable to attend the district meetings. Local groups were formed in two of the larger centres and a third will be organized in June, with the result that in one year the membership increased from 24 to 87. Local groups have been organized in other districts but the increase in membership has not been so marked.

MATILDA E. FITZGERALD,
Secretary-Treasurer.

The inside back cover is interesting . . . Don't fail to read it.

REPORT OF THE GRADUATE NURSES ASSOCIATION OF PRINCE EDWARD ISLAND

Objects

1. To provide a special organization of graduate nurses so that the members of the profession may be united into one general body to promote and protect the mutual interests of the members.

2. To do all such things as from time to time may be necessary to elevate and advance the nursing profession in the province, and to foster among the members, a sense of the importance of a high standard of professional training.

Membership

1. There shall be two classes of membership, namely, active and inactive members. Active members shall be those practising in the province. Inactive members are those residing in the province but who are not practising nursing, and those located elsewhere.

2. An active member becoming an inactive member shall notify the Treasurer and Registrar of change of address, the change of status of dues to become effective at the annual meeting following receipt of notice.

3. Members in arrears for two consecutive years shall be notified by the secretary-treasurer, and those members failing to pay within three months after such notice, shall forfeit the right of membership, and their names shall be taken from the roll of members.

4. Members who have been dropped for non-payment may be reinstated by vote of the Council and payment of back dues.

Registration Membership

The Incorporators under "The Registered Nurses Act" and every person who:

(*a*) Resides in and practices or proposes to practice the profession of nursing in the Province; and

(*b*) Is a graduate of an approved training school; and

(*c*) Is at least twenty-one years of age; and

(*d*) Is of good moral character; and

(*e*) Has passed an examination before the examiners as provided by this Act, shall, on producing satisfactory evidence to the Council in proof of such qualifications, and on complying with all other requirements contained in the Act, be entitled to be registered as a member of the Association.

(*f*) Persons who are registered as trained nurses in any other province or country which has substantially the same requirements for registration as this province, and whose qualifications are approved by the Board of Examiners, shall be registered without examination on presenting registration of province or country to Registrar.

The names of two hundred and thirty-eight (238) nurses have been enrolled on our register since the Nurses Registration Act was passed in May, 1922, only seventy-nine of which remain on the active list, and eight on the inactive list. Of the remaining one hundred and forty-seven (147) twenty-two names are still on the list, being in arrears but one year. The others, according to the by-laws, have forfeited their right to membership, but may be reinstated upon payment of initial registration fee. The board of examiners for nurse registration consists of one member of the medical staff and the superintendent of the school from each of the approved schools of nursing. Examinations are held annually during the first week of July in Charlottetown. All nurses receiving registration in this province automatically become members of the Graduate Nurses' Association of Prince Edward Island. Twenty per cent of members are subscribers to *The Canadian Nurse*.

Sections

Conveners of Public Health, Private Duty and Nursing Education Sections are elected annually by the Association. The private duty section has been organized and has held several meetings during the year. It consists of the convener, and members of the Association actually engaged in or interested in private duty nursing. The public health group, although not officially organized as a section, is doing an extensive piece of work.

Standing Committees

The Standing Committees, which include programme, auditing, and sick visiting, are appointed at the annual meeting. The special committees include the following: joint study; national enrolment; Nightingale Memorial.

Annual Meeting

The annual meeting of the members of the Association shall be held on every second Tuesday in June or as near that date as possible and at such hour and place as agreed. Quarterly meetings are held throughout the year.

The officers elected on June 12, 1934, are:

President: Miss Anna Mair.
Vice-President: Miss Mae King (re-elected).
Treasurer and Registrar: Miss Edna L. Green (re-elected).
Recording Secretary: Miss H. Margaret Campbell (re-elected).

Special Activities During the Year 1933-1934

The chief of these is the work done by the joint study committee through its sub-committees on curriculum and standards for entrance to schools of nursing. The minimum entrance requirement has already been raised to Grade Eleven or its equivalent in all the schools of the Province and the provincial nurses association is working toward junior matriculation as its next objective. The appointment of a part-time fully qualified instructor has been made in one school and opportunity for district nursing experience for student nurses through the social service department in another hospital has been arranged. Efforts have been made to remedy the unemployment situation.

H. MARGARET CAMPBELL,
Recording Secretary,
G.N.A. of P.E.I.

REPORT OF THE ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC

Objectives

Our primary object is the protection of the patient and securing for him better nursing care by raising the general standards of nursing education and service within our province. In order to realize our objectives, Quebec has maintained a minimum curriculum in all schools for nurses since 1922, and regular yearly inspection of our schools has been conducted by a registered nurse since the passing of our Registration Act in 1920. An official list of approved schools and members in good standing is published annually and distributed widely throughout our province and elsewhere.

Membership

Membership in the A. R. N. P. Q. is secured automatically when a nurse receives her provincial registration. The administration of the Act itself, and of all other affairs of the Association, are under the direct control of a board of management elected by the members. The regulations call for an annual renewal of certificate and provide protection, without additional fees, for those nurses who, once registered, leave the province, or remain in it and retire from active practice. This arrangement provides what is known as a non-active list, members of which are not enrolled through it into the C.N.A. because of the fact that no fee is required from them. We regret to report that all nurses practicing in our province are not members of our Association, because there are always those who, having received registration elsewhere, fail to discharge their professional obligation to be in good standing under the regulations governing the local group. Other factors affecting this situation include the following:

(a) There exists a second law regulating nursing education in our province, governing the "Catholic Licensed Nurses." This regulation covers Quebec City only.

(b) The regulations of our Provincial

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON : CANADA

Health Department permit the employment of nurses who are not registered in our province.

Miscellaneous Statistcs

Total nurses registered since the passing of the Act to the end of 1933: 7,017.

Members in good standing at this date: 3,240.

Members on the non-active list: 1,072.

Classification of members into service groups (the list is incomplete because all have not furnished necessary data): Private duty, 1,500; institutional, 950; public health, 625; registrars and physicians' offices, 15; taking postgraduate courses, 40.

Total training schools in province: 44.

Total schools and hospitals visited in 1933: 40.

Total schools on approved list: 37.

Total students in approved schools: 1,765.

Total registered nurses on staff of approved schools: 950.

Sections

Because our Association is bi-lingual, the private duty and nursing education sections are divided into two groups, each carrying on their own particular plans. The public health section is composed of both French and English members with officers chosen from each group. General meetings of the sections are held three or four times each year, their executive committees meeting more frequently. The conveners of the sections who are not members of the board of management are notified of the monthly meetings of the board to which they are expected to bring reports and problems and through which a co-ordination of interests and a division of responsibility is effected.

Standing Committees

The executive committees of our sections are regarded as standing committees within our Association; to these are referred special interests and problems peculiar to their particular group. The finance committee handles the duties which its name implies. We have also standing committees representing (1) joint study groups; (2) sub-committee on curriculum.

Annual Meeting

The annual meetings are, according to regulations, always held in the month of January, in Montreal. These meetings cover two days and include special and general sessions with outstanding speakers who contribute greatly to the general welfare. The attendance increases as the years advance.

Special Interests

The most outstanding interest from an educational point of view, at the present time, is the welfare of our two university schools for graduate nurses, both of which during the past two years, on account of financial depression, have been threatened with extinction. While we fully realize and appreciate the courageous way in which many nurses throughout Canada have come to the assistance of the School at McGill University, it is reasonable to admit that Quebec Province nurses are bearing a very heavy burden to keep this University door from closing upon us. Through the efforts and personal sacrifice of many nurses and the help of a few friends, the McGill School has been successfully carried through this past year, and a guarantee of next year's expenses has been submitted to the University authorities, most of the required amount being already in the bank, and the nucleus of a permanent endowment fund (thanks to the support of our colleagues in Ottawa) is already established. Our French-speaking nurses are emulating our plans in their effort to support their *Ecole d'Hygiène sociale appliquée* at l'Université de Montréal, for we all realize what a catastrophe it would be to nursing education, at least in this province, if these schools were to close.

Scholarships

Our Association for years has awarded two scholarships annually to members wishing to take the courses offered through our University schools; we doubled the number during 1933.

Registration Examinations

A board of examiners composed of six members of our Association, three English and three French, are elected by the

board of management for a term of three years. Examinations are conducted in April and October. The pass mark is 60 per cent. The French members assist in the examinations held at the Universities of Montreal and Laval where examinations are held once each year. The number of candidates writing, in all, each year, is approximately six hundred.

Contribution of French Members

Our French-speaking members have for some time past shown true leadership, among their accomplishments being:

(a) The publication of their own nursing journal, *La Garde-Malade Canadienne-Française.*

(b) The publication through the efforts of a special committee composed of medical and nurse members of text and reference books including those on hygiene, bacteriology, dietetics, materia medica, nursing technique, and professional ethics; also "The Life of Jeanne Mance."

(c) At present, they are engaged in writing a history of French-Canadian nursing to which each hospital is contributing. It is expected that this valuable piece of work will be published in the near future.

National Enrolment

Although a copy of the plan of organization for the national enrolment of nurses has been mailed with every registration certificate during the past four years, we regret to report only 192 members enrolled. Our joint committee, composed of two members of the Quebec Provincial Branch of the Canadian Red Cross Society and five members representing the A.R.N.P.Q., meets according to arrangements and as required. We have expressed ourselves as feeling it essential that any nurse enrolled in one province, wishing to transfer her enrolment to another province upon her transfer to the second place, shall be required to report to the headquarters of the local association of registered nurses and produce her credentials of membership in the Canadian Nurses Association.

Unemployment Situation

The board of management of our Association, the personnel of which includes superintendents of schools, directors of public health organizations, instructors and private duty nurses, is exercising its influence throughout the province, in an effort to relieve the unemployment situation with the result that schools have been closed, classes reduced, and many students replaced by graduates. Private duty registries are re-organizing to create a better distribution of calls.

Subsidiary Workers

The subsidiary worker continues to be a serious problem in Quebec Province, their numbers and types increasing steadily, in many instances the need for "a cheaper worker" being given as the reason. There are two schools for trained attendants, one for "aides-maternelle," and one for "aides-malades" in Montreal. One would not wish to argue against the value of a second type of nurse worker in any community requiring her services, but the lack of control of these women in our province enables them, at the present time, to almost control the private nursing situation in the homes of the people, where they work under direct supervision of many of our medical practitioners. It is estimated that the number of subsidiary nurses graduating annually in Montreal approximates two hundred.

Unity

In conclusion may I say that although we represent in our Association, two nationalities, each group striving to work out its own particular destiny in its own particular way, yet we fully realize that nursing service cannot admit of barriers caused through race, creed or language and therefore we are beginning to appreciate that our bi-lingual situation creates for us a greater opportunity for service and fellowship than is found in any other part of Canada.

E. FRANCES UPTON, R.N.,
Executive Secretary and Registrar,
and Official School Visitor.

REPORT OF THE SASKATCHEWAN REGISTERED NURSES ASSOCIATION

Objectives

(a) To advance the standards of nursing education and nursing practice in the Province of Saskatchewan in the interests of service to the community.

(b) To participate with the nurses' associations of other provinces in furthering the common objectives throughout Canada.

(c) To foster, in the membership of the Association, a sense of responsibility for maintaining the honour and status of the nursing profession.

Membership

The basis of membership is:

1. Graduates of recognized training schools having a three years' course and who have passed the examination of the University of Saskatchewan are eligible for membership in the Association upon payment of the registration fee. The examinations are held in January and June of each year, and the Association is represented on the University Board of Examiners by two nurse members.

2. Nurses from other provinces and states maintaining standards of nursing registration equal to those of Saskatchewan are eligible for membership upon acceptance of their credentials by the Council of the Association.

3. Members who are in good standing at the time of removal from the province may, by notifying the registrar at the time of removal, be carried in good standing as non-resident without the payment of annual fees.

The number of members is:

1. Total registration is 2,168.

2. Total membership in good standing, June 1, 1934, is 774.

Registration in Saskatchewan constitutes membership in the Association; but registered nurses failing to pay the annual fees of the Association are not in good standing and forfeit the privileges of membership.

Sections

All the sections, Nursing Education, Private Duty and Public Health, are organized and active.

Committees

The standing committees are: Nursing Education; Private Duty; Public Health; Provincial Joint Study; Legislation; Scholarship. The special committees are: Employment; Curriculum; Florence Nightingale Memorial; *Canadian Nurse*.

Annual Meeting

Held annually on Thursday and Friday of Easter week. In 1934 the meeting was held in Moose Jaw, April 5 and 6. The programme and discussion centred in the problems of the private duty nurse, papers being read and discussion introduced by members of the private duty section. The convention also had the benefit of an excellent address on the subject by a member of the medical profession, Dr. Vaughn Black, of Moose Jaw. The business of the Association occupied a full day of the convention. The most important decision reached was to appoint an inspector of nursing schools as a full-time official and to include the duties of registrar and secretary-treasurer in the new position. The Employment Committee was continued, arrangements made for participation in the Florence Nightingale Foundation, and two delegates names to attend the Biennial Meeting of the Canadian Nurses Association. The following officers were elected: President, Miss Edith Amas, Saskatoon; First Vice-President, Miss Elizabeth Smith, Moose Jaw; Second Vice-President, Sister Clotilda, Moose Jaw; Councillors, Misses Jean McDonald, Regina, and Edith Stocker, Saskatoon.

Special Interests, Activities and Accomplishments

Membership.—Legislation requiring all graduate nurses employed in hospitals in Saskatchewan to be registered and in good standing with the Association as from January 1, 1934. An active campaign by the Council to extend the same requirement to all nurses practising in Saskatchewan, and special concessions allowed in the matter of arrears of fees, has placed the active membership of the

Association on a more satisfactory basis. The following figures will show the increase in membership as a result of these efforts:

Number of members in good standing:

December 31, 1932	386
December 31, 1933	446
June 1, 1934	774

Of this increase in membership 252 new registrations have been added since November 1, 1933 (seven months). We regret to state that only 15.6 per cent of the present membership number are subscribers to *The Canadian Nurse*.

Inspection of Nursing Schools. — The appointment of a full-time official to combine the work of inspection of nursing schools and the duties of registrar and secretary-treasurer has been referred to above.

Scholarship. — Because of this new financial venture, the Saskatchewan Registered Nurses Association scholarship for university postgraduate study instituted in 1929 and since awarded to four students, will be discontinued for two years, after which time it is hoped that it will possible to resume it.

Legislation.—Certain amended regulations of the Department of Public Health have affected directly the nursing situation in Saskatchewan:

1. As from January 1, 1936, any hospital undertaking the conduct of a nursing school must have an adult bed capacity of 70 with a daily average of 45 patients; all students entering nursing schools must have an academic standing of Grade XI or its equivalent as recognized by the Department of Education of Saskatchewan.

2. As from January 1, 1934, all nurses employed on the staff of government-aided hospitals must be registered in Saskatchewan.

Florence Nightingale Foundation. — Nursing schools, alumnae and local nurses associations are contributing toward the Florence Nightingale Memorial Foundation.

Employment.—The Employment Committee appointed in September, 1933, has been responsible for placing ten nurses in small hospitals since December 1, 1933. The plan was that in return for maintenance the nurse should give assistance in the hospital and should be available for nursing in the homes in the district at the request of the local doctor. The Association provided a monthly allowance for each nurse placed, a total of $390.00 being expended since December 1, 1933. Several of the nurses placed by the committee were retained by the hospital on permanent appointment at the completion of the six-months' plan. A greater number of applications were received from hospitals for nurses, than were received from nurses for placement. Through the Employment Committee postgraduate work was given at the Provincial Sanataria for ten nurses in addition to the usual number. A private duty nurse, Miss Helen Wills of Regina, is chairman of the Employment Committee.

General Trends in the Work of the Association

A noticeable feature in the past two years is the active and interested part taken by the younger nurses in the work of the Association. Their participation in discussion, assistance in committee work and willingness to assume responsibility are most encouraging. This has given a new impetus to nursing organization in Saskatchewan and a keener interest is shown than has previously been apparent.

MARGARET A. ROSS
Secretary-Treasurer and Registrar.

The inside back cover is interesting . . . Don't fail to read it.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

EDMONTON: Miss Margaret Fraser (R.A.H., 1919), a graduate of Teachers' College, Columbia University, has joined the staff of the Royal Alexandra School as instructor of nursing. She has filled similar positions in the Vancouver General Hospital, the Hartford Hospital, Hartford, Conn., and the Winnipeg General Hospital. Her Alumnae Association and her many friends welcome her home. Miss Isabel Green (R.A.H., 1932), who has just completed a course in ward administration and supervision at the School of Nursing of Toronto University, has accepted a position as night supervisor in the obstetrical department of the Royal Alexandra Hospital, Edmonton.

MARRIED: On July 19, 1934, Miss Ruth Lloyd (R.A.H., 1929), to Mr. Michael Ellis, of Bridge River, B.C.

MARRIED: On July 2, 1934, Miss Faith Mosley (R.A.H., 1928), to Mr. Oscar Johanson, of Red Deer, Alta. Since completing a course at the School for Graduate Nurses at McGill University, Miss Mosley has been connected with the educational department of the Royal Alexandra School for Nurses. The best of good wishes and appreciation follow her to her new home.

LETHBRIDGE: In honour of the graduating class of the School of Nursing of the Galt Hospital the Lethbridge Graduate Nurses Association held a reception on June 13 with Miss Jean McKenzie, president of the Association, and Miss Harriet Levenick, superintendent of the hospital, welcoming the guests. The tea table was presided over by Mrs. C. B. Bowman, Mrs. R. Barrowman, Mrs. W. E. Bryans and Miss A. M. Tilley. Miss Levenick introduced each caller to the honour guests. Tea room assistants included Mrs. Haig, Miss Alice Pelletier, Miss Lillian Parry, Mrs. R. W. Lynn, Mrs. C. W. Boulton, Mrs. I. K. Murray. The honour guests were Miss D. Loverin, Miss L. Lammle, Miss M. Boniface, Miss M. Coutts, Miss M. Macdonald, Miss N. Ireland, Miss G. Alexander, Miss B. Card, Miss M. Colwell, Miss M. Davie, Miss M. Maxwell, Miss I. Hunter, Miss A. McDougall, Miss N. Rodie, Miss B. Shelton. The officers of the Lethbridge Graduate Nurses Association are as follows: President, Miss Jean T. MacKenzie; vice-president, Miss J. Brodie; secretary, Miss B. Clark; treasurer, Miss H. Davidson; correspondent to *The Canadian Nurse*, Miss Catherine M. S. Way-White; convener of the social committee, Miss B. Ford.

NOVA SCOTIA

HALIFAX: The annual meeting of the Registered Nurses Association of Nova Scotia was held in Sydney on June 7 and 8, with a total registration of fifty-one. The delegates were welcomed by His Worship Mayor Muggah, and Dr. J. K. MacLeod, Medical Health Officer, who spoke of the French hospital at Louisbourg, where so much nursing was carried on in the early days. Mayor Muggah spoke of the regiment of soldiers stationed at Sydney who had been transferred directly to the Crimean Peninsula, during the Crimean War, remarking that doubtless some of these Cape Breton lads had had the benefit of Miss Nightingale's nursing. The president stated that affairs in the Association seemed to be in a satisfactory condition, as membership is increasing each year, and the finances correspondingly. The local branch of Cape Breton-Victoria Counties entertained at a delightful drive to the old Town of Louisbourg, where the ruins were viewed and explained by the Mayor of Louisbourg. The chief business taken up was in connection with the promotion of registration in Nova Scotia. Two resolutions were forwarded to the Provincial Government asking that the Hospitals Act be amended to require that all graduate nurses employed in hospitals receiving government aid be registered nurses in good standing in the province; and secondly, that the Provincial Government so regulate employment that all graduate nurses employed by the Provincial Government be registered nurses in good standing in the province. It was also decided that an effort be made to form new branches in the centres where nurses are employed. The sum of fifty dollars was voted for the Nightingale Foundation Scholarship, as a joint contribution from the Provincial Association and local branches. A tea at St. Rita's Hospital concluded a successful session. The following officers were elected: President, Miss Lenta Hall, V.O.N., Halifax; first vice-president, Miss S. Archard, V.G.H., Halifax; second vice-president, Miss A. Hillcoat, Amherst, third vice-president, Sister A. Seton, Halifax Infirmary; recording secretary, Mrs. D. J. Gillis, Halifax; registrar, Miss M. Graham, Halifax. Miss Victoria Winslow, superintendent of nurses at the Children's Hospital, Halifax, and Miss Marion Haliburton, school nurse, Halifax, attended the Biennial Meeting of the C.N.A. Miss Lenta Hall has been appointed superintendent of the Halifax branch of the

V.O.N., following the resignation of Miss Mary Campbell.

MARRIED: On June 27, 1934, Miss Laura Archibald (V.G.H., Halifax, 1932), to Mr. George Sinclair Arnburg, of Caledonia (Queens Co.), N.S.

MARRIED: On June 30, 1934, Miss Ruby Hollett (V.G.H., 1931), to Mr. Thomas Boyd.

MARRIED: On July 19, 1934, Miss Emma M. Taylor (V.G.H., 1932), to Mr. Douglas R. Arklie.

ANTIGONISH: Commencement day opened at St. Martha's Hospital on June 14, with Pontifical Mass. His Excellency the most Rev. James Morrison, D.D., delivered an inspiring sermon. The second event was the banquet participated in by the entire student body. Nineteen graduates in spotless white occupied one long table in the centre of the refectory, while the students were seated at tables forming a circle around them. The class prophecy was composed by Miss Eunice MacKinnon, secretary of the Nurses' Sodality. The greatest event of the day took place when the prizes and pins were presented, and the diplomas were conferred. Rev. J. R. MacDonald, President of the Board of Directors, acted as chairman. Prizes were awarded and diplomas conferred by the Most Rev. James Morrison. The speaker of the evening was the Rev. R. MacGillivray, whose address was much appreciated. The following young ladies received diplomas: Sister Mary Annette and the Misses M. MacKinnon, H. MacMillan, D. MacDonald, M. Landry, S. Riley, K. Redmond, H. McMahon, M. Cameron, S. McSween, M. Campbell, L. MacGillivray, M. MacDonald, H. Prendergast, V. Weatherbee, D. West, M. Merner, I. MacDonald, M. MacDonald. The prize list is as follows: Prize donated by Dr. J. L. MacIsaac for the highest mark in medical nursing, awarded to Miss Kathleen Redmond; prize donated by Dr. W. F. MacKinnon for the highest mark in surgical nursing, awarded to Miss Kathleen Redmond; prize donated by Dr. J. J. Carroll for the most efficient clinical chart nurse, awarded to Miss Laura MacGillivray; prize donated by Dr. J. J. Cameron for the highest standing in kindness, vigilance and economy, awarded to Miss Dorothy MacDonald; prize donated by Dr. R. F. MacDonald for the highest mark in the diseases of eye, ear, nose and throat, awarded to Sister Mary Annette; first prize donated by Mr. R. K. MacDonald for the most efficient bedside nurse, awarded to Miss Viola Weatherbee; second prize donated by the Alumnae Association for efficiency in bedside nursing, awarded to Sister Mary Annette; third prize donated by Mr. E. D. MacDonald,

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for efficiency in bedside nursing, awarded to Miss Helen MacMillan; prize donated by Rev. J. R. MacDonald for the highest aggregate in the final examinations, awarded to Miss Viola Weatherbee; prize given by the School of Nursing to the member of the junior class for efficiency in bedside nursing, awarded to Miss Lenora McKay; prize for efficiency in bedside nursing in freshman year, equally merited by the Misses J. Paquet and H. Armstrong, drawn by Miss Armstrong; prize donated by Rev. S. Callan, for the highest mark in ethics, awarded to Miss K. Redmond; special prize donated by a friend for daily attendance during the three years' course, awarded to Miss M. Campbell; prize donated by Rev. W. Roberts for the highest standing in religion in sophomore year, awarded to Miss A. Amirault.

ONTARIO

District 1

CHATHAM: The following members of the Alumnae Association of the Public General Hospital, Chatham, attended the biennial convention in Toronto; Misses Priscilla Campbell, W. Fair, D. Thomas, H. Greeves, E. Orr, H. Simpson and B. Pardo. Miss Ruby Runnings, student nurse, was a guest of the Western Hospital during the convention. A modern operating table has been donated to the hospital by the Association in loving memory of Lottie Fanazick McRitchie, Berta Kennedy Agar, Ethel Wood and Frances Murray. The members of the Association held their annual picnic in July. An enjoyable afternoon was spent in races, games and swimming. Six recent graduates have become members of the Alumnae Association: M. Wood, A. Wood, J. Cosbey, J. D'Clute, M. Meredith and T. Mosey. Miss Bessie Lavell, a graduate of the Public General Hospital, has returned on furlough from missionary service in West Africa.

LONDON: Miss M. L. Jacobs entertained at tea in honour of Miss Mary Cochrane, R.R.C., Matron of the Charing Cross Hospital, Lonlon, England, and Mrs. Christian Bedford Fenwick of Newcastle, England, who were her guests in June prior to the Biennial Meeting. Assisting were Mrs. H. V. Smith, Mrs. E. J. Kitchen, Miss E. McClenehan, Miss P. Stapleton, Miss D. E. Kennedy. Mrs. F. S. Vrooman and Miss M. L. Jacobs were joint hostesses at a luncheon in honour of Miss Daisy Bridges of St. Thomas's Hospital, London. The guests included Miss I. MacIntosh, Mrs. Taylor, Miss O. Watson, Mrs. H. V. Smith, Miss M. Walker, Miss D. E. Kennedy, Miss J. Walker and Miss B. Taylor. The party then proceeded to Chatham, where they were the guests of Miss Priscilla Campbell. The Ontario Hospital A.A., held their annual picnic recently. Guests of honour included Miss M. L. Jacobs, Dr. and Mrs. C. A. McClenehan, Mrs. F. S. Vrooman, Miss B. Vrooman and Mr. W. Soutar, Mrs. S. Grosvenor and Miss P. Stapleton were in charge of arrangements.

Districts 2 and 3

BRANTFORD: Miss J. M. Wilson has returned to the hospital after spending her vacation at Ingersoll and Southampton. Miss H. D. Muir has returned from a motor trip to Regina. Miss E. M. McKee has left for Montreal, where she will spend the month of August.

MARRIED: Miss Grace H. Turnbull (B.G.H., class 1927), to Mr. James Davison.

GALT: The Alumnae Association held an enjoyable picnic on June 11, when Miss Ruth Nanz, a graduate of the Galt Hospital, was the guest of honour. Miss Nanz is on furlough from the Philippine Islands where she is connected with St. Luke's Hospital, Manilla. She gave an interesting talk on her work and was presented with a book. Miss Caroline La Rose, Superintendent of Metropolitan Hospital, Windsor, was also a guest. Miss La Rose was formerly superintendent of Galt Hospital. The following attended the Biennial Meeting held in Toronto: Misses A. Cleaver, A. MacDonald, B. Baker, E. Law, I. MacNair, G. Rainey and F. Archibald. The nursing staff presented Miss D. Turnbull, graduate of the Galt Hospital, with a gift in view of her approaching marriage.

District 4

HAMILTON: The graduating exercises of the School of Nursing, St. Joseph's Hospital, were held on June 6, when thirty-four nurses received their diplomas. The prizes were awarded as follows: Highest standing in theory, Miss Ruth Dooley; general proficiency, Miss Violet Bassindale; preventive medicine, Sister Mary Grace; surgical nursing, Miss Helen Zettel; medical nursing, Miss Vera Selkirk; obstetrical nursing, Miss O. Harvey; gynecological nursing, Miss Betty Welsman. A reception was held followed in the evening by a dance. On June 12 the Alumnae Association held a dinner in honour of the graduates. For the first time in the history of the school a year-book has been published and is proving a gratifying success.

MARRIED: In June, 1934, Miss Mabel MacIntosh (St. J.H., 1930), to Mr. J. O. Goldthorpe of Goderich.

MARRIED: In June, 1934, Miss Eileen Golden (St. J.H., 1929), to Mr. W. Ardour of South Porcupine.

ST. CATHARINES: A general description of the sixtieth anniversary of the founding of the

This question of

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Biological Chemists

MONTREAL TORONTO

Mack Training School for Nurses will be found in the body of the *Journal* and the detailed information given here is supplementary to it. Miss Anne Wright was untiring in her efforts to make every one feel happy and at home and the success of the celebration is largely due to her. The Board of Directors of the hospital, the medical staff and the Ladies' Aid entered into the spirit of the occasion and participated in all the social events. At the banquet Dr. John Sheahan was the guest speaker and gave high praise to Miss Wright and her predecessors in office. Dr. Chapman spoke in a most happy vein concerning amusing episodes of the past. A letter of congratulation was received from the Alumnae Association of the Victoria Hospital, London, where Sister Florence, who graduated from the Mack Training School in 1883, was the first superintendent. Letters were also received from Miss Breubaker, Guatemala, Central America; Miss Rundle of Aklavik, N.W.T.; the Misses Gobert of Whitby, and many others. On June 21 the residence and hospital were open to visitors, and Miss MacDougall, now Mrs. Beck of Dearborn, Mich., arrived. Mrs. Beattie, of Seaforth, who is a daughter of Ann Carline, a nurse of the first graduating class, brought her mother's diploma and several pictures (some of which were tintypes) of the nurses and of Dr. Mack. Many hostesses entertained the visitors, one of whom was Mrs. R. L. Dunn, in honour of Miss Hollingworth and Miss Wren and her class. On June 22 the graduation exercises took place under the distinguished patronage of His Honor the Lieutenant-Governor of Ontario. The Reverend E. J. Harper pronounced the invocation and Mr. Murton Seymour, secretary of the Board of Governors, presided. Dr. John C. Ball congratulated the class on behalf of the medical profession. Prizes were awarded as follows:—Senior Year: General proficiency medal, given by the Mack Training School Alumnae Association and presented by Miss Nora Todd, was won by Jean McLellan; highest standing in practical work, given by the Board of Governors, Jean McLellan; highest standing in operating-room technique, given by Dr. W. J. Chapman, Phyllis Archer; highest standing in eye, ear, nose and throat examination, given by Dr. R. G. Sheppard, Alice Hoare; highest standing in obstetrical nursing, given by Dr. W. H. Cunningham, Mabel Eggleton; highest standing in paediatric nursing, given by Dr. A. R. Lindsay, Margaret Barclay. Intermediate Year: General profficiency prize, given by the Board of Governors, Edith Richardson; highest standing in general medicine examinations, given by Dr. Graham Harkness, Helen Dashwood; highest standing in surgery examination, given by Dr. A. H. Greenwood, Florence Richardson.

Among the graduates from a distance who attended the celebrations were: Mrs. Macdonald, Dundas (Annie Allan, 1896); Mrs. George Badke, Toronto (Esther Armbrust, 1923); Mrs. Kelsie, Lakefield (Minnie Armstrong, 1918); Miss Annie Barr, New York (1889); Mrs. B. W. Cornwall, Batavia (Lydia Bates, 1893); Mrs. A. H. Wilson, Woodstock (Cora Canfield, 1903); Mrs. Dickson, Toronto (Henrietta Curran, 1921); Mrs. A. Jacques, Toronto (Ethel Dell, 1922); Mrs. J. Friedenmann, Kansas City (Alberta Dietrich, 1919); Miss Emma Elliott, Superintendent of Port Hope Hospital (1904); Mrs. Norma Harris, Toronto (Una Emery, 1915); Miss Nellie Fewster, Tillsonburg (1922); Miss Elizabeth Gillies, London (1921); Miss Ina Grenville, Sault Ste. Marie (1913); Mrs. L. Bell, Freeman (Grace Hallett, 1916); Mrs. H. Pettibone, Capreol (Esther Hanna, 1927); Miss G. Honey, Fort Erie (1922); Miss M. Chalmers, Fort Erie (1929); Miss Anne Hutchison, Dalrymple (1892); Mrs. W. Deverell (Ella Hutchison, 1892); Mrs. F. Darnell, Toronto (Margaret Jackson, 1928); Miss Margaret Kelman, Toronto (1892); Miss Ethel Lambden, Tillsonburg (1921); Mrs. Roden, Toronto (Mabel Land, 1901); Mrs. White, Kenmore (Theresa Laughlin, 1899); Miss Margaret Laughlin, Kenmore (1893); Miss Marie Larle, Buffalo (1911); Miss C. Lymburner, Niagara Falls (1904); Mrs. C. Beck, Dearborn, Mich. (Charlotte Macdougall, 1908); Mrs. Clapp, Buffalo (Martha Marrott, 1900); Miss Gladys Motley, Haileybury (1927); Mrs. Grand, Beaverton (Janet McHattie, 1906); Mrs. A. Platt, Sault Ste. Marie (Frances Olton, 1929); Mrs. F. Howard, Montreal (Helen Pierce, 1929); Mrs. W. Duthie, Toronto (Theresa Reid, 1928); Miss Annie Rultan, North Bay (1931); Mrs. A. Rychert, Dundas (Nellie Shaw, 1894); Mrs. A. Mitchell, Fleming, Sask. (Mary Smith, 1899); Mrs. E. Brubacher, Grimsby (M. Snider, 1918); Mrs. R. L. Carefoot, Markdale (Clara Swayze, 1915); Mrs. S. Brubacher, Waterloo (Stella, Swertzer, 1925); Mrs. L. Craly, New York (Helen Trotter, 1907); Mrs. I. H. Erb, Toronto (Olive Troxell, 1912); Mrs. L. Galway, Muskoka (Mildred Walker, 1930); Mrs. M. Clemens, Kitchener (Alvena Cressman, 1917). Perhaps no better impression of the happy atmosphere which prevailed can be given than to quote the answer given by one of the older graduates when an enquiry was made as to the good things served

at the banquet: "I was so interested in what was going on that I can't be sure," said she, "although, now I come to think of it, I do seem to remember having seen a chicken leg." Her grown-up son says that his mother "never gets excited." Well, sixtieth anniversaries don't come every day, even in the oldest school of nursing in Canada.

DISTRICT 5

TORONTO: The Board of Directors of the Registered Nurses Association of Ontario were hostesses at a reception, on June 26, in honour of the members of the Executive Committee of the Canadian Nurses Association. The president, Miss Marjorie Buck, with Miss Dorothy Percy and Miss Matilda Fitzgerald, received the guests, among whom were: Dr. Robert C. Wallace, President of the University of Alberta; Dr. F. C. and Mrs. Neale, of Peterboro; Mrs. E. MacGregor Rome, Miss S. M. Cochrane, Miss Daisy Bridges and Mrs. C. Bedford Fenwick from England; Miss Hills Young, of Khartoum; Miss Florence H. M. Emory, President of the Canadian Nurses Association, and the following members of the Executive: Miss Munroe and Miss P. Gilbert, of Alberta; Miss M. F. Gray, Miss M. Duffield and Miss G. Fairley of British Columbia; Miss M. Reid and Miss K. McCallum of Manitoba; Miss A. J. McMaster and Miss M. Murdoch of New Brunswick; Miss G. M. Bennett, Miss I. MacIntosh and Miss Nora Moore, of Ontario; Miss C. Barrett, Miss M. Batson, Miss C. Dowling, Miss C. M. Watson and Miss M. Moag, of Quebec, and Miss Ruby Simpson, of Saskatchewan. Other guests were: Misses E. Smellie, M. Lindeburgh, C. Taylor, H. Wills, H. Randal, E. Ravside, E. Johns, C. Graham, J. I. Gunn, F. J. Potts, E. K. Russell, E. Dickson, K. Mathieson, E. C. Campbell, A. M. Munn, and others.

DISTRICT 7

KINGSTON: The regular meeting of District 7, R.N.A.O., was held at Smiths Falls on July 10 and was well attended. Miss Shaw, our delegate to the Biennial Meeting of the C.N.A., gave an interesting report. She brought the National Association very near to us and made those who were unable to attend realize they had missed an important week in the history of nursing. Miss D. French, representative of the student nurses of the K.G.H. at the Biennial Meeting, also gave her impressions. Lunch was served by Miss Bliss assisted by graduates of the hospital. District 7 has accepted an invitation to hold its October meeting in Perth. Miss Miriam Mitchell (K.G.H., 1927), of the V.O.N. in Pictou, N.S., has been transferred to Sydney. Miss Pearl Reid (K.G.H., 1927), formerly assistant supervisor of Isolation Hospital, Kingston, has accepted a post in China and is sailing in the near future. One of the early graduates of the Kingston General Hospital School for Nurses was recently a patient in the local institution. She is Mrs. Kimmerly of Belleville, who was Pauline Revere when she took her training. She still retains the nursing uniform she wore when she was in training. She graduated forty-eight years ago.

MARRIED: On March 30, 1934, in Brockville, Miss Verna Bancroft of the Ontario Hospital, Brockville, Class 1929, was united in marriage with Mr. Thomas E. Guest.

MARRIED: On July 25, 1934, in Ottawa, by the Rev. J. A. Waddell, Margaret Alice, daughter of the Rev. J. I. Hughes, of Russell, Ont., and the late Mrs. Hughes, to Mr. Wilfred Dawson, son of Mr. and Mrs. W. H. Carruthers, of Bowmanville. The bride is a graduate of the Kingston General Hospital School of Nursing, Class 1933.

QUEBEC

MONTREAL: The forty-third graduation exercises of the Montreal General Hospital School of Nurses took place on June 7, when forty-five graduates received their medals and diplomas. Following the Invocation by the Rev. T. B. Jeakins, Lt.-Col. Herbert Molson, C.M.G., M.C., President of the Board of Management, gave the address of welcome and presented the medals and diplomas. The Montreal General Hospital Pledge was then repeated by the graduating class, this pledge replacing the Florence Nightingale Pledge which has been used on previous occasions. Dr. R. R. Struthers, B.A., chief pediatrician, gave the address to the class, in which he reminded us that the whole question of nursing education in undergoing a critical review, with the probability of many alterations in the methods now in vogue. He emphasized the important function of the supervising or charge nurse, who has great influence over the student nurse since the most satisfactory teaching takes place at the bedside. He also commented on the need for pride in our occupation, firstly, pride of achievement, which is rarely seen because those who reach their objectives in the face of difficult odds are usually humbled by their experiences, and secondly, pride of personality, or rather pride of being found worthy of association with an ancient institution possessing grand and well-established traditions of service and of prestige. He then quoted the qualifications of a good nurse as outlined by Thomas Fuller, an early English physician, who first described chickenpox:

"Though it is impossible to meet with a Nurse every day so Qualify'd for the Business, as to have no Faults or Failings, yet the more she cometh up to the following Particulars, the more she is to be liked. It is therefore desirable that she be: of a middle age, fit and able to go through with the necessary fatigue of her Undertaking; healthy, especially free from Vapours, and Cough; a good Watcher, that can hold sitting up the whole Course of the Sickness; quick of Hearing, and always ready at the first call; quiet and still, so as to talk low, and but little, and tread softly; of good Sight, to observe the Pocks, their Colour, Manner and Growth, and all Alterations that may happen; handy to do every Thing the best way, without Blundering and Noise; nimble and Quick-a-going, coming and doing every Thing; cleanly, to make all she dresseth acceptable; well-Tempered, to humour, and please the Sick as much as she can; cheerful and Pleasant; to make the best of every Thing, without being at any time Cross, Melancholy or Timorous; constantly careful, and diligent by Night and Day; sober and Temperate; not given to Gluttony, Drinking or Smoking; observant to follow the Physician's Orders duly; and not to be so conceited of her own skill, as to give her own Medicines privately."

Prizes were presented by the Board of Management for general proficiency to: Miss M. A. Shaw and Miss M. I. Ross. The Mildred Hope Forbes Prizes for highest aggregate marks during the three years were awarded to: Miss F. E. Eaves, B.A., and Miss A. I. Tennant. Following the National Anthem and the Benediction a reception was held for the graduates and their friends. An enjoyable house party was also held by the graduating class on June 8, and the members of the class were entertained at dinner by the Alumnae Association on June 5 when Miss Edith Rayside, C.B.E., R.R.C., was the guest speaker. About one hundred and twenty-five guests were present. The toast to "The King" was proposed by the president, Miss E. Frances Upton, who also delivered an address of welcome. The toast to the class was proposed by Mrs. L. H. Fisher, with response by Miss Gladys McLean. A toast to "Our Superintendent" was proposed by Mrs. Donald White. The toast to "The Former Graduates" was proposed by Miss Agnes Tennant of the graduating class, and was responded to by Miss Mary Mathewson. The class prophecy was read by Miss R. L. Porter and the toast to "The Western Hospital Members" was proposed by Miss Blanche Herman, with response by Miss Agnes Costigan. The toast to "The Doctors" was proposed by Miss Flora E. Strumm, the toast to "The Board of Management" by Miss Christine M. Watling, and to "Absent Friends" by Miss Esther Lewis. Seated at the head tables were Miss Edith Rayside and Miss Jane Craig, honorary members of the Alumnae Association; Miss M. K. Holt, Principal of the School; Miss Nora Tedford and Miss F. E. Strumm, honorary presidents of the Alumnae Association; Miss Henrietta Dunlop, honorary treasurer of the mutual benefit association, and the president, Miss E. Frances Upton.

MONTREAL: The October meeting of the Alumnae Association of the School of Nursing of the Montreal General Hospital will take the form of a symposium on the Silver Jubilee Convention of the C.N.A. Discussion will be led by members who were in attendance: Private Duty Nursing, Miss Lottie Urquhart; Nursing Education, Miss Martha Batson; Public Health Nursing, Miss Mary Mathewson; Nightingale Memorial, Miss Mabel K. Holt; summary of resolutions and general impressions, Miss E. Frances Upton.

MONTREAL: Miss Christina Murray, B.A. (R.V.H., 1924), has been awarded the Nightingale Memorial Scholarship for 1934-35 and will commence her studies at Bedford College, London, England, immediately. Miss Dorothy Donnelly, B.A. (R.V.H., 1928), has been awarded the Flora Madeline Shaw Memorial Scholarship for 1934-135, and will take the course in public health at the School for Graduate Nurses, McGill University. Miss Nora Nagle, M.A. (R.V.H., 1916), has been appointed supervisor of the teaching department of the Training School for Nurses, Royal Victoria Hospital.

MARRIED: On July 27, 1934, Miss Jean E. Stewart (R.V.H., 1928), to Mr. Clayton Elderkin.

SASKATCHEWAN

SASKATOON: MARRIED: In July, 1934, Miss Ina Douglas (S.C.H., 1926), to Mr. E. H. Youngstrom, of Greenan.

MARRIED: On June 21, 1934, Miss Winnifred Emma Guy (S.C.H., 1931), to Mr. Wilfred James Irvine, of Saskatoon.

MARRIED: On July 11, 1934, Miss Mary Amanda Ruthven (S.C.H., 1930), to Mr. Joseph William Pooke, of Edmonton.

OVERSEAS NURSING SISTERS ASSOCIATION OF CANADA

TORONTO: One hundred and ninety-eight members of the Overseas Nursing Sisters Association of Canada attended the Biennial Meeting immediately following a luncheon in the roof garden of the Royal York Hotel, Toronto, on June 28. With Miss Edith Rayside, president of the Association, at the head table were members of the National Executive and representatives from all units excepting Regina and Victoria. A telegram was read from Matron-in-Chief MacDonald expressing regret that, as she had sailed for England the day before, she was unable to be present. In her report, the president mentioned the names of members of the Association who had been honoured by His Majesty the King and referred in her humorous way to her own share in such recognition of service. Miss Harriet Mieklejohn presented the report of the secretary. There was no election of officers possible as the province in which the meeting of the C.N.A. for 1936 will be held had not then been announced. As it is the policy of the Association to elect a majority of its officers from the unit most adjacent to the city chosen, it was left to the retiring executive to appoint the group to serve until 1936.

KINGSTON: The members of the Kingston Unit of the O.N.S.A. met in Napanee on July 5. A dinner was arranged at which N.S. Marguerite Patterson was the guest of honour. Miss Patterson has been at her home in Moscow, Ont., for the past two years and has been a very active member of the local Unit. She is returning to Mexico to resume her hospital work there.

WINNIPEG: A brief memorial service, for Nursing Sisters who gave their lives in the Great War was held on June 26, the anniversary of the sinking of the *Llandovery Castle*. Chaplain Major Carruthers officiated, and the service was attended by the executive members of the Nursing Sisters Club and a wreath was placed by the president, Nursing Sister Margaret Meehan.

TORONTO: During the Biennial Meeting of the Canadian Nurses Association, Sir Joseph Flavelle very kindly entertained, through the Toronto Unit, all Nursing Sisters attending the conference. His beautiful residence, Holwood, made an ideal setting for such an occasion. Sir Joseph received, with the president of the Toronto Unit, at the entrance to the lovely garden, and a further welcome was extended by his three daughters, Mrs. Barrett, Mrs. McEachren and Mrs. Ellsworth Flavelle. Tea was served from a marquee on the lawn. More than three hundred Nursing Sisters from all parts of Canada met on this happy occasion and, for a busy hour or two, recalled many memories of the months spent in France, Salonika, Egypt and England, from 1914 to 1918. Sir Joseph had very thoughtfully arranged with the University of Toronto to have the carillon in the Soldiers' Memorial Tower of Hart House play during the tea hour and the soft music of those famous bells brought a real and personal message to every Sister present. Miss Macdonald's absence was greatly regretted, but everyone was delighted to see Miss Rayside. The guests of honour were the officers of the Canadian Nurses Association, Miss E. MacGregor Rome, representing the International Council of Nurses and the College of Nursing, London; Miss Cochrane from the National Council of Nurses of Great Britain; Miss Bridges of the Nightingale School, St. Thomas' Hospital, London; Mrs. C. Bedford Fenwick, London, and Miss S. Francis, president of the American Nurses Association. Several former officers of the C.A.M.C. and Chaplains were also present.

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NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Lenta Hall, Victorian Order of Nurses, Halifax; First Vice-President, Miss Sarah Archard, Victoria General Hospital, Halifax; Second Vice-President, Miss Anna Hillcoat, Amherst; Third Vice-President, Sister Anna Seton, Halifax Infirmary; Recording Secretary, Mrs. D. J. Gillis, 9 Welsford St., Halifax; Treasurer and Registrar, Miss Muriel Graham, 413 Dennis Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated 1925)

President, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; First Vice-President, Miss Dorothy Percy, Room 321 Jackson Bldg., Ottawa; Second Vice-President, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 380 Jane St., Toronto; Chairman, *Nurse Education Section*, Miss S. Margaret Jamieson, Peel Memorial Hospital, Brampton; Chairman, *Private Duty Section*, Miss J. L. Church, 120 Strathcona Ave., Ottawa; Chairman, *Public Health Section*, Mrs. Agnes Haygarth, 19 Dromore Crescent, Westdale, Hamilton; *District No. 1:* Chairman, Miss Mildred Walker, Institute of Public Health, London; Secretary-Treasurer, Miss Mildred Chambers, Institute of Public Health, London; *Districts 2 and 3:* Chairman, Miss A. E. Bingeman, Freeport Sanatorium, Kitchener; Secretary-Treasurer, Miss Edith Jones, 253 Grenwich St., Brantford; *District No. 4:* Chairman, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Mrs. Eva Barlow, 211 Stinson St., Hamilton; *District No. 5:* Chairman, Miss Dorothy Mickleborough, Provincial Dept. of Health, Parliament Bldgs., Toronto; Secretary-Treasurer, Miss Isabelle Park, 1348 Yonge St., Toronto; *District No. 6:* Chairman, Miss Helen M. Anderson, 709 Water St., Peterborough; Secretary-Treasurer, Miss Dorothy MacBrien, Nicholls Hospital, Peterborough; *District No. 7:* Chairman, Miss Louise D. Acton, General Hospital, Kingston; Secretary-Treasurer, Miss Olivia Wilson, General Hospital, Kingston; *District No. 8:* Chairman, Miss M. Blanche Anderson, Ottawa Civic Hospital, Ottawa; Secretary-Miss A. G. Tanner, Ottawa Civic Hospital, Ottawa; Treasurer, Miss Mary Acland, Strathcona Hospital, Ottawa; *District No. 9:* Chairman, Miss Katherine MacKenzie, 155 Second Ave. W., North Bay; Secretary-Treasurer, Miss Robena Buchanan, 197 First Ave. E., North Bay; *District No. 10:* Chairman, Miss Vera Lovelace, 3 Wiley Rd., Port Arthur; Secretary-Treasurer, Miss Ethel Stewardson, McKellar General Hospital, Fort William.

District No. 8 Registered Nurses Association of Ontario

Chairman, Miss M. B. Anderson; Vice-Chairman, Miss J. L. Church; Secretary, Miss A. G. Tanner, Ottawa Civic Hospital; Treasurer, Miss M. E. Acland; Councillors, Misses G. Clarke, A. Ebbs, M. Graham, E. C. Mellraith, C. C. Murray, M. Slinn; *Conveners of Committees:* Membership, Miss G. Clarke; Publications, Miss E. C. Mellraith; *Nursing Education*, Miss C. C. Murray; *Private Duty*, Miss J. L. Church; *Public Health*, Miss H. O'Meara.

District No. 9 Registered Nurses Association of Ontario

Chairman, Miss K. MacKenzie; Vice-Chairman, Mrs. J. McCausland; Secretary-Treasurer, Miss R. Buchanan, 197 First Avenue E., North Bay; Councillors: Rev. Sister Felicitas, Misses J. Smith, F. Docker, M. Carson, E. Trombley, A. Quinlan.

District No. 10 Registered Nurses Association of Ontario

President, Miss V. Lovelace, Vice-President, Miss M. Hamilton; Secretary Treasurer, Miss E. Stewardson, McKellar General Hospital, Fort William; Councillors: Miss Jane Hogarth, Miss M. Wallace, Miss C. Lemon, Miss C. Chivers Wilson, Miss Flannigan, Miss Irene Hibditch.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Anna Mair, P.E.I. Hospital, Charlottetown; Vice-President, Miss M. King, Charlottetown Hospital; Secretary, Miss M. Campbell, 8 Grafton St., Charlottetown; Treasurer and Registrar, Miss Edna Green, 257½ Queen St., Charlottetown; *Nursing Education*, Miss F. Lavers, Prince Co. Hospital, Summerside; *Public Health*, Miss Dorothy McKenna, Summerside; *Private Duty*, Miss M. Gamble, 51 Ambrose St., Charlottetown; Representative to *The Canadian Nurse*, Miss Anna Mair, P.E.I. Hospital Charlottetown.

QUEBEC

Association of Registered Nurses of the Province of Quebec Incorporated 1920

Advisory Board: Misses Mary Samuel, Mabel F. Hersey, C. M. Watling, Rév. Mère M. V. Allaire, Rév. Soeur Ste. Isidora; President, Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice-President (English), Miss M. L. Moag, Victorian Order of Nurses, 1246 Bishop St., Montreal; Vice-President (French), Rév. Soeur Allard, Hôtel-Dieu de St. Joseph, Montreal; Hon. Secretary, Miss Esther Beith, Child Welfare Association, Forum Bldg., Montreal; Hon. Treasurer, Miss M. E. Nash, Victorian Order of Nurses, 1246 Bishop St., Montreal. Other Members: Miss Mabel K. Holt, The Montreal General Hospital, Mademoiselle Edna Lynch, Nursing Supervisor, Metropolitan Life Insurance Co., Montreal, Rév. Soeur St. Jean de l'Eucharistie, Hôpital Notre Dame, Montreal, Miss Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal, Mademoiselle Alexina Marchessault, Ecole d'Hygiène Social Appliquée, Université de Montreal. *Conveners of Sections: Private Duty*, (English), Miss C. M. Watling, 1230 Bishop St., Montreal; *Private Duty* (French), Mademoiselle Alice Lepine, Hôpital Notre Dame, Montreal; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital, Montreal; *Nursing Education* (French), Rév. Soeur Augustine, Hôpital St. Jean-de-Dieu, Gamelin, Que; *Public Health*, Miss Christine Dowling, Victorian Order of Nurses, 1246 Bishop St., Montreal; Board of Examiners, Miss Olga V. Lilly (Convener), Royal Victoria Montreal Maternity Hospital, Miss Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal; Miss Katherine MacN. MacLennan, Alexandra Hospital, Montreal; Melle. Edna Lynch, 4642 rue St. Denis St., Montreal; Melle. Marie Anysie Déland, Institut Bruchési, Montréal; Melle. A. Marchessault, 3256 avenue Lacombe, Montreal; Executive Secretary, Registrar and Official School Visitor, Miss E. Frances Upton, Room 221, 1396 St. Catherine St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated March, 1917)

President, Miss Edith Amas, City Hospital, Saskatoon; First Vice-President, Miss Ruby M. Simpson, Department of Public Health, Regina; Second Vice-President, Miss Helen B. Smith, General Hospital, Regina; Councillors, Miss Jean McDonald, 1122 Rae St., Regina, Miss Elizabeth Smith, Normal School, Moose Jaw; *Conveners of Standing Committees: Nursing Education*, Miss Annie Lawrie, General Hospital, Regina; *Public Health*, Mrs. E. M. Feeney, Department of Public Health, Regina; *Private Duty*, Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon; Legislation, Miss R. M. Simpson, Regina; Secretary-Treasurer and Registrar, Miss Margaret Ross, 45 Angus Crescent, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President, Dr. H. A. Gibson; President, Miss P. Gilbert; First Vice-President, Miss K. Lynn; Second Vice-President, Miss F. Shaw; Recording and Acting Corresponding Secretary, Mrs. F. V. Kennedy, 1307 First St. W.; Treasurer, Miss M. Watt.

Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; First Vice-President, Miss Turner; Second Vice-President, Miss O'Brien; Recording and Corresponding Secretary, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton; Treasurer, Miss Gavin; Registrar, Miss Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

President, Mrs. J. Keohane; First Vice-President, Mrs. M. Tobin; Second Vice-President, Miss M. Gilchrist; Secretary, Miss A. McLeod, 2 Diana Court; Treasurer, Miss F. Smith; *Committee Conveners:* Membership, Miss A. Allan; Flower, Mrs. W. Fraser; *Private Duty Section*, Mrs. Chas. Pickering; Correspondent, *The Canadian Nurse*, Miss M. Hagerman.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss V. B. Eidt, Acting Superintendent, Kootenay Lake General Hospital; President Miss K. Gordon; First Vice-President, Miss M. Madden; Second Vice-President, Miss S. Archibald; Secretary-Treasurer, Miss Edna Fraser, Box 1105, Nelson, B.C.

Vancouver Graduate Nurses Association

President, Mrs. Westman, 800 Cassair St., Vancouver; First Vice-President, Miss Jane Johnstone, Steveston, B.C.; Second Vice-President, Miss E. Berry, St. Paul's Hospital; Secretary, Miss F. Walker, Vancouver General Hospital; Treasurer, Miss L. Archibald, 536 West 12th Ave.; Council, Misses K. Sanderson, Kilburn, G. M. Fairley, Wismer and M. F. Gray. Finance, Miss Teulon, 1385 West 11th Ave.; Directory, Miss K. Motherwell, 1947 West 10th Ave.; Social, Miss A. J. MacLeod, Vancouver General Hospital; Programme, Miss B. Donaldson, St. Paul's Hospital; Sick Visiting, Miss C. Cooker, Vancouver General Hospital; Membership, Mrs. Blankenbach, 1816 West 36th Ave.; Local Council of Women, Misses Duffield and Gray; Press, Mrs. E. Simms, Vancouver General Hospital.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; President, Miss E. J. Herbert; First Vice-President, Miss M. Mirfield; Second Vice-President, Mrs. Kirkness; Secretary, Miss I. Helgesen; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road, Victoria; Executive Committee, Mrs. E. B. Strachan, Miss E. McDonald, Miss C. Kenny, Miss E. Cameron, Miss D. Frampton.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss E. Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Eva McNally; Vice-Presidents, Mrs. L. Fletcher, Miss M. Parsons; Secretary, Miss Dorothy Longley, Mental Hospital, Brandon; Treasurer, Mrs. M. Long, Dominion Bank Bldg., Brandon; *Committees:* Press, Miss Helen Morrison; Sick Visiting, Mrs. J. R. Fisher; Welfare, Miss E. M. Higgens; Social and Programme, Mrs. E. Hanna; Cook Books, Mrs. A. Kains; *Private Duty*, Mrs. L. Fletcher, Miss Isobel Knox; Registrar, Miss C. Macleod.

QUEBEC

Graduate Nurses Association of the Eastern Townships

Hon. President, Miss V. Beane; President, Miss E. Bean; Vice-President, Miss G. Dwaine; Corresponding Secretary, Miss F. Wardleworth; Recording Secretary, Miss Harvey; Treasurer, Miss Margaret Robins; Representative to *The Canadian Nurse*, Miss C. Hornby, Box 324, Sherbrooke; Representative, *Private Duty Section*, Miss E. Morrissette.

MONTREAL

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Christine Watling, 1230 Bishop St.; First Vice-President, Miss G. Allison; Second Vice-President, Mrs. A. Stanley; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Day Registrar, Miss Kathleen Bliss; Relief Registrar, Miss H. M. Sutherland; Convener Griffintown Club, Miss G. Colley. Regular Meeting, Second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss R. Last; First Vice-President, Miss C. Kier; Second Vice-President, Mrs. W. Metcalfe; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; *Conveners of Committees: Nursing Education*, Mrs. M. Young, Sr. Mary Raphael, Miss E. Jensen; *Private Duty*, Miss E. Wallace, Miss E. Farquhar, Miss T. Reynolds, Miss J. Casey; *Public Health*. Registrar, Miss C. Kier; Programme, Miss G. Taylor; Sick Visiting, Miss L. Trench; Social, Miss M. Armstrong; Constitution and By-Laws, Miss E. Lamond; Representative to *The Canadian Nurse*, Miss M. Gall; Press Representative, Mrs. J. Phillips.

Alumnae Associations

ALBERTA

A.A., Holy Cross Hospital, Calgary

President, Mrs. L. de Satge; Vice-President, Miss A. Willison; Recording Secretary, Miss E. Thom; Corresponding Secretary, Miss P. N. Gilbert; Treasurer, Miss S. Craig; Honorary Members, Rev. Soeur St. Jean de l'Eucharistie, Miss M. Brown.

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Miss K. Brighty; Vice-President, Miss I. Johnson; Second Vice-President, Miss E. Miller McManus; Secretary, Miss L. Einarson; Corresponding Secretary, Miss G. McDiarmid; Treasurer, Miss A. Oliver; *Committee Conveners:* Programme, Miss G. Allyn; Social, Miss V. Kelly McNeil; Sick Visiting, Miss J. Munro; Membership, Miss M. Cullerne.

A.A. University of Alberta Hospital, Edmonton

Hon. President, Miss E. Fenwick; President, Miss M. Reed; First Vice-President, Miss L. Gourlay; Second Vice-President, Miss B. Fane; Recording Secretary, Miss A. Revell; Corresponding Secretary, Miss D. Duxbury, University Hospital; Treasurer, Miss M. Rowles, University Hospital; Executive, Misses M. Gordon, I. Ross, A. Baker.

A.A., Lamont Public Hospital

Hon. President, Mrs. A. E. Archer; President, Mrs. B. I. Love; Vice-President, Miss O. Scheie; Secretary-Treasurer, Mrs. C. Craig, Namao; Corresponding Secretary, Miss F. E. Reid, 1009-20th Avenue, W., Calgary; Convener, Social Committee, Mrs. R. Shears.

BRITISH COLUMBIA

A.A., St. Paul's Hospital, Vancouver

Hon. President, Rev. Sister Superior; Hon. Vice-President, Sister Therese Amable; President, Miss B. Geddes; Vice-President, Miss R. McKernan; Secretary, Miss F. Treavor, Assistant Secretary, Miss V. Dyer; Treasurer, Miss B. Muir; Executive, Misses M. McDonald, E. Berry, I. Clark, V. Pearse, S. Christie, R. McGillivary, K. McDonald.

A.A., Vancouver General Hospital

President, Miss M. Lunan; First Vice-President, Mrs. C. H. C. Bell; Second Vice-President, Mrs. K. Craig; Secretary, Miss I. Collier; Corresponding Secretary, Miss K. Heaney, Vancouver General Hospital; *Committee Conveners:* Programme, Miss A. Croll. Membership, Miss V. Peters; Sick Benefit, Mrs. Maitland; Refreshments, Miss J. Hunter; Press, Mrs. G. E. Gillies; Treasurer and Bonds, Miss Geary, 3176 West 2nd Ave.; Representative, V.G.N.A., Miss Rhodes.

Royal
A.A., Jubilee Hospital, Victoria

Hon. President, Miss L. Mitchell; President, Miss J. Moore; First Vice-President, Mrs. Yorke; Second Vice-President, Miss M. Mirfield; Secretary, Mrs. A. Dowell, 30 Howe St.; Assistant Secretary, Miss C. M. Cox; Treasurer, Miss J. Stewart; Entertainment Committee, Mrs. Russell; Sick Nurse, Miss E. Newman.

MANITOBA

A.A., Children's Hospital, Winnipeg

Hon. President, Miss M. B. Allan; President, Miss Catherine Day; First Vice-President, Miss Elsie Fraser; Secretary, Miss W. M. Barratt, Children's Hospital; Treasurer, Miss M. D. Hughes; Sick Visiting, Miss Edith Jarrett; Entertainment, Mrs. Geo. Wilson

A.A., St. Boniface Hospital, St. Boniface

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A.A., Winnipeg General Hospital

Hon. President, Mrs. A. W. Moody, 97 Ash St.; President, Miss E. Parker, Ste. 25, Carlyle Apts., 580 Broadway; First Vice-President, Mrs. C. V. Combes, 530 Dominion St.; Second Vice-President, Miss J. McDonald, Deer Lodge Hospital; Third Vice-President, Mrs. J. S. Ward, 197 Beaverbrook St.; Recording Secretary, Miss A. Effler, Ste. 12½ Diana Crt.; Corresponding Secretary, Miss M. Graham, Winnipeg General Hospital; Treasurer, Miss M. Duncan, Winnipeg General Hospital; Representative on Training School Committee: Miss K. McLearn, Shriner's Hospital; Membership, Miss I. Ramsay, Central Tuberculosis Clinic; Sick Visiting, Miss J. Morgan, 102 Rose St.; Entertainment, Mrs. C. McMillan, Hertford Blvd., Tuxedo; Editor of Journal, Miss F. McRae, 44 Evanson St.; Assistant Editor, Miss J. Moody, 76 Walnut St.; Business Manager, Miss E. Timlick, Winnipeg General Hospital; Special Committee, Miss P. Brownell, 215 Chestnut St.; Alumnae Club, Miss F. Tretiak, Broad Valley, Man.; Archivist, Miss S. J. Pollexfen, 954 Palmerston Ave.

NEW BRUNSWICK

SAINT JOHN

A.A., Saint John General Hospital

Hon. President, Miss E. J. Mitchell; President, Mrs G. L. Dunlop; First Vice-President, Miss Ethel Henderson; Second Vice-President, Mrs. F. McKelvey; Secretary, Mrs. J. Edgar Beyea, 121 Union St.; Treasurer, Miss Kate Holt; Executive Committee, Miss Margaret Murdoch, Miss R. Reid, Mrs. J. H. Vaughan.

ST. STEPHEN

A.A., Chipman Memorial Hospital, St. Stephen

President, Miss Myrtle Dunbar; First Vice-President, Mrs. H. W. Short; Second Vice-President, Miss Rosa Madsen; Secretary, Miss Estella Gibbon, St. Stephen; Treasurer, Mrs. Cedric H. Dinsmore; Board of Directors: Misses J. Sinclair, I. Hart, J. Bavis, Mrs. R. Bartlett; *Committee Conveners:* Programme, Mrs. R. Mallory, Misses E. Gibbon, E. Giles, Mrs. H. Short; Refreshment, Misses E. Spinney, D. Devlin, Mrs. R. Bartlett; Nominating, Misses F. Cunningham, I. Hart.

WOODSTOCK

A.A., L. P. Fisher Memorial Hospital, Woodstock

Hon. President, Miss Elsie Tulloch; President, Mrs Harry Dunbar; Vice-President, Miss Gladys Hayward; Secretary-Treasurer, Miss Pauline Palmer; Board of Directors: Miss G. Tams, Mrs. B. Sutton, Mrs. Fulton, Miss M. Samphier, Miss N. Veness; *Committee Conveners:* Programme, Mrs. P. Caldwell, Miss E. Kerr, Miss E. Dunbar, Miss B. Bellis; Sick Visiting, Miss H. Cummings, Miss D. Peabody, Miss Mersereau; Editor, Miss M. Samphier.

ONTARIO

BELLEVILLE

A.A., Belleville General Hospital

Hon. President, Miss Florence McIndoo; President, Miss Reta Fitzgerald; Vice-President, Mrs. J. Andrews; Secretary, Miss L. Smith; Treasurer, Miss Marion MacFarlane; Flower Committee, Miss Betty McEwan; Representative to *The Canadian Nurse*, Miss H. Thompson.

BRANTFORD

A.A., Brantford General Hospital

Hon. President, Miss E. M. McKee; President, Miss K. Charnley; Vice-President, Miss G. Turnbull; Secretary, Miss F. J. Batty, 52 Charlotte St., Brantford; Assistant-Secretary, Miss V. Buckwell; Treasurer, Miss L. R. Gillespie, General Hospital; Social Convener, Mrs. F. Doherty; Flower Committee, Mrs. Phillips, Miss W. Laird, Miss M. M. Nichol; Gift Committee, Miss J. Edmondson, Mrs. E. Claridge; *The Canadian Nurse* and Press Representative, Miss H. Diamond; Chairman, Private Duty Council, Miss P. Cole; Representative to Local Council of Women, Miss R. Cleaves.

BROCKVILLE

A.A., Brockville General Hospital

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; Representative to *The Canadian Nurse*, Miss V. Kendrick.

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A.A., Public General Hospital

Hon. President, Miss P. Campbell; President, Miss B. Pardo; Vice-President, Miss K. Crackle; Second Vice-President, Miss F. Houston; Recording Secretary, Miss E. Craig; Corresponding Secretary, Miss R. Willmore; Asst. Secretary, Miss M. Stacey; Treasurer, Miss B. Haley; Press Correspondent, Miss R. Baker; *Committee Conveners:* Refreshment, Miss M. Wickett; Buying, Misses J. Finney, M. McNaughton and Mrs. R. F. Mitchell; Floral, Miss E. Orr; Social, Mrs. T. Burke; Councillors, Misses V. Dyer, L. Baird, A. Head, E. Liberty; Representative to *The Canadian Nurse*, Miss P. Griffeth.

A.A., St. Joseph's Hospital

Hon. President, Mother Mary; Hon. Vice-President, Sister M. Consolata; President, Miss Ruth Winter; Vice-President, Miss M. Kearns; Secretary-Treasurer, Miss J. Lundy, 112 Van Allen Ave.; Executives, Misses H. Gray, I. Poissant, Z. Martin, Mrs. R. Hodgin; Representative District No. 1, R.N.A.O., Miss Jessie Ross; Representative to *The Canadian Nurse*, Miss Y. L. Chauvin.

CORNWALL

A.A., Cornwall General Hospital

Hon. President, Mrs. I. P. MacIntosh; President, Miss Verna Meidrum; First Vice-President, Miss Kathleen Burke; Second Vice-President, Miss Elva Empey; Secretary-Treasurer, Miss C. Droppo, Cornwall General Hospital; Representative to *The Canadian Nurse*, Miss H. C. Wilson, Cornwall General Hospital.

GALT

A.A., Galt Hospital

Hon. President, Miss A. Cleaver; President, Miss S. Mitchell; Secretary, Miss L. MacNair, 91 Victoria Ave.; Assistant Secretary, Miss T. Rainey; Treasurer, Miss A. MacDonald; Flower Convener, Miss Rutherford; Representative to *The Canadian Nurse* and Press Representative, Miss M. Vandyke.

GUELPH

A.A., Guelph General Hospital

Hon. President, Miss S. A. Campbell, Superintendent, Guelph General Hospital; President, Miss L. Ferguson; First Vice-President, Miss K. Cleghorn; Second Vice-President, Miss M. Wood; Secretary, Miss N. Kenney, Guelph General Hospital; Treasurer, Miss J. Watson; *Conveners of Committees:* Social, Mrs. L. Jackson; Programme, Miss E. Eby; Flower, Miss I. Wilson; Representative to *The Canadian Nurse*, Miss L. Sinclair.

HAMILTON

A.A., Hamilton General Hospital

Hon. President, Miss E. C. Rayside; President, Mrs. R. Hess; Vice-President, Miss M. Bain; Recording Secretary, Miss M. Matheson; Corresponding Secretary, Miss H. Hauert, Hamilton General Hospital; Treasurer, Miss J. Jackson, 326 Main W.; Assistant Treasurer, Miss G. Hodgson; Secretary-Treasurer, Mutual Benefit Association, Miss O. Watson, 145 Emerald S.; *Committee Conveners:* Executive, Miss H. Aitken; Flower, Miss A. Squires; Programme, Miss M. Gosnell; Registry, Miss N. Thompson; Budget, Mrs. M. Barlow; Representative to *The Canadian Nurse*, Miss A. Scheifele.

A.A., St. Joseph's Hospital, Hamilton

Hon. President, Mother Martina; President, Miss Eva Moran; Vice-President, Miss F. Nicholson; Secretary, Miss Mabel MacIntosh, 168 Ray St.; Treasurer, Miss M. Kelly; Representative to *The Canadian Nurse*, Miss B. McKenna, 277 Herkimer St.; Representative R.N.A.O., Miss J. Morin.

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A.A., Hotel Dieu, Kingston

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A.A., Kingston General Hospital

Hon. President, Miss Louise D. Acton; President, Miss Ann Baillie; Vice-President, Miss Florence Smart; Secretary, Miss Vonnie MacMartin, Kingston General Hospital; Treasurer, Mrs. C. W. Mallory, 203 Albert St.; Corresponding Secretary, Miss Emma Sharp, Kingston General Hospital.

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A.A., Kitchener and Waterloo General Hospital

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A.A., Ross Memorial Hospital

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LONDON

A.A., Ontario Hospital

Hon. President, Miss Mary L. Jacobs; President, Miss N. M. Williams, 55 Edward St.; First Vice-President, Mrs. V. M. Reilly; Second Vice-President, Miss F. R. Ball; Secretary, Mrs. E. D. Grosvenor, 52 Doulton Ave.; Treasurer, Miss E. Kennedy, Ontario Hospital; Social Committee, Misses I. Lindsay, L. Kelly; Press Representative, Miss F. Burls.

A.A., St. Joseph's Hospital

Hon. President, Mother M. Patricia; Hon. Vice-President, Sister M. Ruth; President, Miss Olive O'Neil; First Vice-President, Miss Madalene Baker; Second Vice-President, Miss Erla Beger; Recording Secretary, Miss Gladys Martin; Corresponding Secretary, Miss Irene Griffen; Treasurer, Miss Gladys Gray, Press Representative, Miss Stella Gignac; Representatives to Registry Board, Misses Rhea Rouatt, Cecile Slattery, Olive O'Neil.

A.A., Victoria Hospital

Hon. President, Miss Hilda Stuart; Hon. Vice-President, Mrs. A. E. Silverwood; President, Miss M. M. Jones, 257 Ridout St. S.; First Vice-President, Miss H. Huston; Second Vice-President, Miss M. McLaughlin; Treasurer, Miss D. Atkinson, 174 Langarth St.; Secretary, Miss F. Quigley; Corresponding Secretary, Miss M. Smith, Victoria Hospital; Board of Directors, Misses C. Gillies, A. Malloch, J. Mortimer, M. Yule, C. Skinner, Mrs. C. Rose.

NIAGARA FALLS

A.A., Niagara Falls General Hospital

Hon. President, Miss M. S. Park; President, Miss A. Irving; First Vice-President, Miss V. Coutts; Second Vice-President, Mrs. H. English; Secretary-Treasurer, Miss F. J. Loftus, 823 McRae St. Corresponding Secretary, Miss A. Pirie; Auditors, Miss Day, Mrs. Sharpe; Sick Committee, Mrs. Teal, Miss Carson, Miss Thorpe.

ORANGEVILLE

A.A., Lord Dufferin Hospital

Hon. President, Mrs. O. Fleming; President, Miss L. M. Sproule; First Vice-President, Miss V. Lee; Second Vice-President, Miss L. Allen; Corresponding Secretary, Miss M. Bridgeman; Recording Secretary, Miss E. M. Hayward; Treasurer, Miss A. Burke.

ORILLIA

A.A., Orillia Soldiers' Memorial Hospital

Hon. President, Miss E. Johnston; President, Miss G. M. Went; First Vice-President, Miss L. Whitton; Second Vice-President, Miss M. Harvie; Secretary-Treasurer, Miss Alice M. Smith, 112 Peter St. N. Regular Meeting—First Thursday of each month.

OSHAWA

A.A., Oshawa General Hospital

Hon. President, Miss E. MacWilliams, General Hospital; President, Miss J. McIntosh, 414 Masson St.; First Vice-President, Miss J. Thompson, 115 Agnes St.; Second Vice-President, Miss R. Post, General Hospital; Secretary, Miss M. Chappell, 259 Celina St.; Assistant Secretary, Miss M. Tribble, 91 Connaught St.; Corresponding Secretary, Miss E. Clark, 97 Athol St.; Treasurer, Miss E. Dickinson, 534 Mary St.

OTTAWA

A.A., Lady Stanley Institute (Incorporated 1918)

Hon. President, Miss M. A. Catton; President, Miss Jean Blyth; Vice-President, Miss M. McNicee; Secretary, Miss Gertrude Halpenny, Protestant Children's Village; Treasurer, Miss M. Slinn, 204 Stanley Ave.; Board of Directors: Misses E. McColl, S. McQuade, L. Bedford, M. Stewart; *Committee Conveners:* Flower, Mrs. V. Boles; Press, Mrs. W. C. Elmitt; Representative to *The Canadian Nurse*, Miss A. Ebbs.

A.A., Ottawa Civic Hospital

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